

# **And it's Not History. It's Now.**

## **Embedding a Trauma Framework Into the Practice of Welfare Practitioners who Work With Aboriginal Families in the NSW Child Protection Sector.**

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# **Dedication**

To the Stolen Generations

This thesis is a tribute and a testament to the courage and resilience of Indigenous people.

I want to pay my respects to the Aboriginal and Torres Strait Islander people who have passed on and did not have their stories heard.

I would like to acknowledge the integrity of Indigenous survivors, their families and communities who sadly all carry the grief and trauma of forcible separation and assimilation. In spite of dispossession, disease, discrimination, and destruction of culture, land, language and identity, Indigenous Australians remain brave, courageous, funny, positive, resilient, smart and strong.

Our survival continues ...

## **Acknowledgements**

Most importantly I must thank my wife, Lyn Stoker for her unconditional love and support. I am extremely lucky and privileged to share my life with you. Thank you for holding my hand and always being there especially when I was critically ill and had to withdraw from this research. Thank you for everything you have done to support me throughout this journey. Thank you for believing in me.

Undertaking a PhD was not something I ever imagined was possible for me. While it is truly a life changing experience it is a shared experience and I am incredibly thankful to all of my family, friends and colleagues for your encouragement and motivation along the way. In particular, I am very grateful to Coralie Properjohn and Jane Sheldon for their advice and editing assistance, proof reading, and discussions to help ground my grandiose ideas.

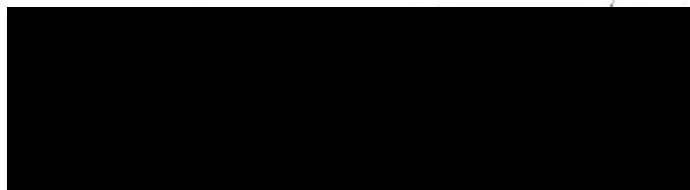
I must acknowledge the grief and trauma experienced by my Aboriginal mother, June Franks and my late Anglo mother Shirley Menzies. I thank them for the determination, insight, strength, and respect for humanity I have acquired and inherited from both of them. I wish to acknowledge and thank the many wonderful welfare practitioners who participated in this research project. Without your involvement this dream would not have become a reality.

I would like to express my special appreciation to my supervision team, although thanks hardly seems to convey my gratitude for their limitless analysis, energy, support and time they invested in providing expert advice and exemplary supervision. I could not have imagined a more amazing, brilliant and compassionate team of social justice warriors who cared so much about my work. I am forever moved by your empathy and understanding toward Indigenous Australians. Jennifer, thank you for perceptiveness and for generously giving me the opportunity to commence this research. Lesley, your unwavering guidance and support with no academic recognition or remuneration was inspirational and a mark of an

extraordinary academic. Rebekah, quite simply this thesis would not have been possible without your commitment, expertise, kindness, loyalty and willingness to assist me to resume this research following my lengthy illness and extended periods of absence. I dedicate this thesis to you.

## Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

A large black rectangular box redacting the signature.

(Signature)

## **Declaration**

The external support I received during my candidature includes:

- Western Sydney University Top-Up Scholarship to the value of \$10,000.
- Professional editing services to format this thesis was supplied by Jacqueline Wright Educational.

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## List of Publications Included in This Thesis

A total of five chapters have been written to a standard for publication and published in the journals outline below.

**Paper 1:** Menzies, K. (2019). Forcible separation and assimilation as trauma: The historical and socio-political experiences of Australian Aboriginal people. *Social Work and Society International Online Journal*, 17(1), 1-18. <http://nbn-resolving.de/urn:nbn:de:hbz:464-sws-1823>

**Paper 2:** Menzies, K. (2019). Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. *International Social Work*, 62(6), 1522-1534. [doi.org/10.1177/0020872819870585](https://doi.org/10.1177/0020872819870585)

**Paper 3:** Menzies, K. (2019). Beyond public acknowledgement to action: The role of government in supporting recovery from trauma for Indigenous people as a result of past policies of forcible separation and assimilation. *International Journal of Research and Innovation in Social Science (IJRISS)*, 3(I), 120-127. <https://www.rsisinternational.org/journals/ijriss/Digital-Library/volume-3-issue-1/120-127.pdf>

**Paper 4:** Menzies K. (2020). A new paradigm: Bringing a historical and socio-political trauma lens to the training for welfare practitioners working with Aboriginal families. *Child & Society*, 00:1–16. [doi.org/10.1111/chso.12375](https://doi.org/10.1111/chso.12375)

**Paper 5:** Menzies, K., & Grace, R. (2020). The Efficacy of a Child Protection Training Program on the Historical Welfare Context and Aboriginal Trauma, *Australian Social Work Journal*. [doi:10.1080/0312407X.2020.1745857](https://doi.org/10.1080/0312407X.2020.1745857)

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# Language, Acronyms and Abbreviations

## Language

Throughout this thesis the word Indigenous people and Indigenous Australians is used respectfully and interchangeably with the terms Aboriginal people and Aboriginal and Torres Strait Islander people. All terms are used to acknowledge, describe and honour the original inhabitants and traditional owners of Australia and their descendants. Australia was always Aboriginal land and always will be Aboriginal land. It is important that this qualification is transparent at the commencement of discussing the different terminology for Indigenous Australians. In addition to this statement the following information provides a guide to correct and respectful ways of communicating with Aboriginal and Torres Strait Islander people and a description of the different names used to describe Aboriginal and Torres Strait Islander people. The definitions have been taken directly taken from the New South Wales Health document titled, *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*.

The *Communicating Positively: A Guide to Appropriate Aboriginal Terminology* document terms provide a helpful guide about Indigenous names and terminology. It is never acceptable to make assumptions about Indigenous identity and it is strongly recommended that you to ask an Indigenous person how they wish to be identified. More importantly it must be clearly understood that the Indigenous person is the only person that can decide how they want to describe their cultural identity regardless of their appearance or lived experiences. It is not the right of another person, Indigenous or non-Indigenous, to determine who is Indigenous and who is not Indigenous.

Another useful source of information that offers information about accurate terminology can be found at: <https://aiatsis.gov.au/explore/articles/indigenous-australians-aboriginal-and-torres-strait-islander-people>

<b>Abbreviation</b>	<b>Description</b>
<b>ABS</b>	Australian Bureau of Statistics
<b>AIFS</b>	Australian Institute of Family Studies
<b>AIHW</b>	Australian Institute Health and Welfare
<b>APA</b>	American Psychiatric Association
<b>AVTOP</b>	Australian Victims of Overseas Terrorism Payment
<b>BTH</b>	Bringing Them Home Report
<b>CTG</b>	Close the Gap
<b>DAA</b>	Department of Aboriginal Affairs
<b>DSM-I to DSM-V</b>	Diagnostic and statistical manual of mental disorders (Versions DSM-I to DSMV)
<b>HREOC</b>	Human Rights and Equal Opportunity Commission
<b>National Inquiry</b>	National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families
<b>NGO</b>	Non-government organisation
<b>OOHC</b>	Out of home care
<b>PTSD</b>	Post-traumatic stress disorder
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>WHO</b>	World Health Organization



**WWII**

World War II

**UN**

United Nations

## Glossary

Term	Description
<b>NSW Aborigines Protection Board</b>	This Act gave the NSW Board for the Protection of Aborigines statutory powers in relation to all reserves.
<b>NSW Aborigines Protection Act (1909)</b>	The NSW Aborigines Protection Act 1909 (NSW) had wide ranging control over the lives of Aboriginal people, including the power to remove Aboriginal children from their families and place them into care under a policy of ‘assimilation’.
<b>NSW Aboriginal Welfare Board</b>	NSW Aboriginal Welfare Board was the main NSW State government agency responsible for implementing and administering legislation and policies affecting Aboriginal people.
<b>NSW Aborigines Protection (Amendment) Act (1915)</b>	NSW <i>Aborigines Protection (Amendment) Act 1915</i> gave total power to the NSW Aborigines Protection Board. No court hearings were necessary. Police and Station Managers wrote on the committal notice reason for Aborigines Protection Board taking control of the child, ‘Aboriginal’.
<b>NSW Aborigines Protection (Amendment) Act 1918</b>	The NSW Aborigines Protection (Amendment) Act 1918 extended the reach of the NSW Aborigines Protection Act 1909 to include, specifically, 'any person having apparently an admixture of Aboriginal blood'.
<b>Assimilation Policy 1937</b>	In 1937, the Commonwealth Government held a national conference on Aboriginal affairs which agreed that Aboriginal people ‘not of full blood’ should be absorbed or ‘assimilated’ into the wider population. The aim of assimilation was to make the ‘Aboriginal

	problem' gradually disappear so that Aboriginal people would lose their identity in the wider community.
<b>NSW Children &amp; Young Persons Act (1998)</b>	The NSW Children and Young Persons (Care and Protection) Act 1998 provides for the care and protection of, and the provision of services to, children and young persons.
<b>NSW Child Welfare Act 1939</b>	Replaced the NSW Child Welfare Act 1923. Where a court finds that a child is neglected it may release the child on certain conditions; commit the child to the care of the Minister to be dealt with as a State ward or commit the child to the care of an institution. The Minister of Child Welfare is the guardian 'of every child...who becomes a ward to the exclusion of the parent or other guardian'.
<b>NSW Children's (Care &amp; Protection) Act 1987</b>	The NSW Children (Care and Protection) Act 1987 was introduced to cover children in need of care and protection, including children in institutions, foster care and state wards.
<b>Cultural Bereavement</b>	The experience of the 'uprooted person or group resulting from loss of social structures, cultural values and self-identity' triggering an ongoing sense of guilt for 'abandoning culture and homeland' (Eisenbruch, 1991, p. 674).
<b>Collective trauma</b>	Collective trauma includes intergenerational trauma as it can occur across generations and also affects large groups and/or the whole community to move beyond the individual.
<b>Complex Trauma</b>	Complex trauma describes both children's exposure to multiple traumatic events - often of an invasive, interpersonal nature and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect.

<b>Cootamundra Aboriginal Girls Training Home</b>	In 1912, the Cootamundra Domestic Training Home for Aboriginal Girls was established as a training institution for Aboriginal girls who had been removed from their families under the Aborigines Protection Act 1909-1969.
<b>NSW Department of Child Welfare</b>	The NSW Child Welfare Department was created in 1923, when the Child Welfare Act was introduced. As the NSW Child Welfare Act introduced legal adoption, the Child Welfare Department regulated and recorded adoptions.
<b>NSW Department of Community Services</b>	The NSW Department of Community Services has the statutory responsibility for protection children and young people from abuse and neglect.
<b>Family is Culture Report</b>	An independent review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales.
<b>Historical Trauma</b>	Historical trauma is often inextricably linked to racism and the oppression of one group by a dominant group.
<b>Intergenerational Trauma</b>	A ‘transmission of experiences’ whereby memories, emotions and lived experiences are passed on unconsciously to subsequent generations within families.
<b>Kinchela Aboriginal Boys Home</b>	In 1923, Kinchela Training Home was built by the NSW Aborigines Protection Board. It was intended to offer training in farm labouring to older boys who had been removed from their families under the NSW Protection Board's policies of apprenticing Aboriginal youths.
<b>National Apology</b>	A formal apology to Australia’s Indigenous peoples, particularly to the Stolen Generations whose lives had been impacted by past

	<p>government laws, policies and practices of forcible separation and assimilation which was delivered by former Prime Minister Kevin Rudd on 13 February 2008.</p>
<p><b>National Inquiry Into the Separation of Aboriginal and Torres Strait Islander Children From Their Families</b></p>	<p>The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families was established by the Federal Attorney-General in 1995. It was conducted by the Human Rights and Equal Opportunity Commission (HREOC). The role of the National Inquiry was to trace the history of laws, policies and practices in each state and territory which led to family separations and the removal of Aboriginal and Torres Strait Islander children.</p>
<p><b>Post-traumatic Stress Disorder</b></p>	<p>PTSD develops after a person has been exposed to an extremely traumatic event that they reacted to with intense anxiety, helplessness or horror and vivid flashbacks of certain situations.</p>
<p><b>Royal Commission</b></p>	<p>The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) was established in response to allegations of sexual abuse of children in organisations that had been emerging in Australia for many years (Royal Commission Final Report 2017).</p>
<p><b>Social Determinants of Health</b></p>	<p>The conditions in which people are born, grow, live, work and age and the systems put in place to deal with the burden of illness</p>
<p><b>Stolen Generations</b></p>	<p>The Stolen Generations are Aboriginal and Torres Strait Islander people who, when they were children, were taken away from their families and communities as the result of past government policies. Children were removed by governments, churches and welfare bodies to be brought up in institutions, fostered out or adopted by</p>

	white families.
<b>Trauma</b>	Trauma is a feeling of intense fear, helplessness, loss of control and threat of annihilation.
<b>Trauma Informed Care</b>	Trauma-informed care is an important framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

## **Abstract**

This thesis presents a coherent body of research that investigates the theories that underpin the practice of welfare practitioners working with Aboriginal people in the New South Wales child protection system, and explores the impact of a professional training program built on trauma theory. The forcible separation of Indigenous children from their families as the result of past government policy and assimilation laws resulted in collective, historical and intergenerational trauma, which is evident in Aboriginal communities today.

The concept of trauma provides a framework that gives a name to, and a language that makes sense of, the experience of the Stolen Generations and their descendants. At its core is the requirement that the stories of Indigenous people be heard, understood and ultimately acknowledged as trauma. Without an understanding of the dynamics of collective, historical and intergenerational trauma and an ability to respond appropriately to it, even the most well-meaning practitioner is at risk of continuing to perpetrate trauma on successive generations of Indigenous children and their families.

To date, the notion of collective, historical and intergenerational trauma has been slow to gain traction in relation to Indigenous people forcibly removed and their descendants. Indigenous people continue to experience judgement and blame for their ongoing disadvantage. The absence of an alternative narrative that acknowledges the traumatic experiences of Indigenous Australians means that racist attitudes and behaviours remain embedded consciously and unconsciously in the dominant culture.

The significant over-representation of Indigenous children in the child protection sector makes it imperative that welfare practitioners receive high quality, ongoing training to support appropriate child protection practice and develop relevant trauma informed interventions. There is an urgency to ensure that training is not just provided, but is provided

in a way that improves knowledge, skills and understanding, is rigorously evaluated, and leads to improved practice.

This research study employed a mixed methods design. Part one of the study involved designing, developing and delivering a one-day welfare practitioner training program based on trauma theory to improve participants' understanding of the current challenges faced by Indigenous people involved with child protection organisations. The training was delivered to 55 participants from both statutory child protection and non-government welfare services in six locations across New South Wales. Pre and post course questionnaires were used to ascertain the immediate impact of the training on welfare practitioners' knowledge of the historical and socio-political context that underpins current child protection policy as this relates to Australian Indigenous children and families, and their understanding of trauma and how these experiences manifest on an individual and community level.

Part two of the study involved the qualitative analysis of data from semi-structured interviews with a randomly selected sub sample of workshop participants six months after the training workshops to determine the vocational relevance of course content; process and structure of the training program; knowledge acquisition about the curriculum and whether participation in the one-day training course lead to sustained changes in the child protection practice of these welfare practitioners who are working with Indigenous children and families.



## Thesis Structure

This PhD by publication thesis comprises eleven chapters that seek to address the aims and objectives of the research study. A total of five chapters are articles that have been published in peer reviewed journals. The chapters around them provide the background and bridging information required to tell the story of this doctoral research project.

**Chapter 1** provides an introduction and overview to the thesis. It includes information about the research background, significance, aims and an overview of research methodology.

The thesis structure varies from a traditional thesis in that it begins and ends with auto-ethnographic writing. The explicit inclusion of my own experiences and journey as a researcher is key to understanding the drivers behind this research and the interpretations offered. Chapters 2 and Chapter 11 are autoethnographic.

**Chapters 3, 4 and 5** together form the literature review for this thesis. They are all published journal articles. Chapter 3 examines the historical and socio-political child welfare context for Aboriginal people as this relates to child protection. Chapter 4 argues that the Aboriginal experience of forcible separation and assimilation is an example of collective and intergenerational trauma, and Chapter 5 examines how we can support trauma recovery for Indigenous people.

**Chapters 6 and 7** describe Phase 1 of the study. Chapter 6 details the practitioner training program that was developed for the purposes of this research and is a published article. Chapter 7 is also a published article. It presents the findings from the Phase 1 research looking at the efficacy of the training program.

**Chapters 8 and 9** describe Phase 2 of the study. Phase 2 was a follow-up study to explore the sustainability of new knowledge as the result of the training program in practice. Qualitative findings are presented and discussed along with study limitations and strengths.

**Chapter 10** reflects on the study as a whole and presents the study conclusions, including recommendations for future action.

**Chapter 11** is the final chapter and auto-ethnographic writing by the researcher to conclude this research journey and thesis.

# **Chapter 1: Introduction**

## **1.1 Background**

Intrusive state intervention is synonymous with the history of Indigenous Australians. It is important to provide vocational training to welfare practitioners working in the child protection field about the trauma affecting Aboriginal children and families as a result of previous child welfare laws, policies and practices given the gross overrepresentation of Indigenous children in the child protection sector. The out-of-home care (OOHC) rates for Indigenous children are the highest for all children in Australia, with a steady rise from 15,500 in 2014 to 20,500 in 2018 (Australian Human Rights Commission, 2019). New South Wales has one of the largest Indigenous out-of-home care populations in the country. Figures show as at 30 June 2019, there were 6,754 Aboriginal children and young people in OOHC, representing 40% of the total OOHC population at that period (FACS, 2019). This is in the context that Indigenous Australians make up 2.9% of the NSW population and 2.8% of the national population (ABS, 2016). The Secretariat of National Aboriginal and Islander Child Care (SNAICC) is the national peak body who represents the interests of Aboriginal and Torres Strait Islander children and families warns that, ‘if the tide is not turned, we project the population of Aboriginal and Torres Strait Islander children living in out-of-home care will more than double in the next 10 years’ (SNAICC, 2019, p. 5).

Given this overrepresentation of Indigenous children in the care and protection system, there is a compelling case for welfare practitioners to undertake mandatory entry level training and ongoing professional development on the issues that have faced Indigenous Australians and the ongoing challenges for Indigenous people within the child protection

sector. This training is essential for both Indigenous and non-Indigenous welfare practitioners if we are to ultimately reduce the number of Indigenous children in care.

This thesis examines the role and impact of a training course designed to prepare child welfare practitioners to work effectively with Indigenous families. It explores the experiences of Indigenous families with child welfare authorities, and identifies the importance of understanding the impact of trauma which is critical to improving child protection practice.

Training for welfare practitioners working in the area of child protection is essential to ensure best practice and protect the wellbeing of those working in this emotionally charged, difficult and sometimes dangerous field. Workers must maintain professionalism but also manage the intertwined emotional complexities including those arising from personal and professional experiences. Child protection services depend on workers who have the ability to make sound professional judgements, who can make decisions based on best practice, and draw on information provided by the families to guide the building of a supportive family/worker relationship. Competent workers can synthesise this information for those they work with to achieve the best possible outcomes for children and young people.

There are several key requirements an organisation needs to address to ensure child protection professionals are supported to meet the demands of their job and do their job well. Briefly, they include: an induction to organisational culture; access to information about agency policies and practice and related legislative obligations; regular professional supervision; and continuing staff development and training to meet their ongoing learning needs (Fox, et al 2015; Menzies & Stoker 2015; Noble 2016). It is important that welfare practitioners working in the area of child protection are provided with a range of training courses that relate specifically to their work practices where they have opportunity to acquire knowledge and skills that will support them in their day-to-day job (Bromfield & Ryan, 2007). Welfare practitioners working with Aboriginal families in the child protection sector

require an intimate working knowledge of Aboriginal life experiences and their past relationships with child welfare authorities to understand and navigate the impacts of trauma and the nature of the family's present involvement with child protection professionals and services.

This research study explores how organisations might address the strong and repeated recommendations from the evidence detailed in major inquiries at national, state and territory jurisdictions that all professionals who work with Aboriginal children and families have access to culturally relevant training designed and delivered by Aboriginal people to assist workers to recognise and respond to the impact of a long history of forcible removals and the complexity of intergenerational trauma (Child Protection Systems Royal Commission, 2016; Davis, 219; Fogliani, 2019; Royal Commission, 2016). For example, the Western Australian coronial inquest into the suicide deaths of thirteen Aboriginal children and young people, the youngest just 10 years old, in the Kimberley region, Western Australia found that 'the forced removal and relocation of children from family and cultural settings, the trauma of which continues to affect individuals and families today' are major contributing factors for the deaths of the children and young people (Fogliani, 2019, p.11). The report also found that 'trauma and intergenerational trauma stemming from forced child removal resulting from and associated with practices of the Stolen Generation', was associated with suicidal behaviours in children and recommended that a trauma curriculum accompany culturally relevant training for all professionals working with Aboriginal children and families (Fogliani, 2019, p.46).

Investment in workforce trauma informed training in the child protection sector has been widely recommended in many other recent Government child protection inquiries. The Royal Commission into institutional responses to child sexual abuse (2017) recommended training for child protection workers which 'includes an understanding of trauma, its impact

on children and the principles of trauma-informed care to assist them to meet the needs of children in out-of-home care' (2017, p.20). The Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory recommended workforce training to address the issues arising from the dislocation of family through the forced removal of children which has resulted in the ongoing intergenerational trauma experienced by Aboriginal and Torres Strait Islander children and young people in the youth justice sector (2017). The Independent Review of Aboriginal Children and Young People in the New South Wales Out-of-Home Care system in the *Family is Culture Report* (2019), found there was a failure to adequately educate the child protection workforce about Aboriginal people, the impact of trauma, and the use of trauma theories. This report recommended the Department 'provide culturally-competent, trauma-informed training and materials for child protection staff' (Davis, 2019, p.180).

The Victorian Advocate for Children and Young People (ACYP) recently released a report titled, *What Children and Young People in Juvenile Justice Centres Have to Say*. This report recommended that 'frontline staff in youth and community services be provided with training in child rights approaches, meaningful engagement, cultural competence, and trauma informed practice to enhance the quality of their work with children and young people tackling multiple, complex challenges' (Office of the Advocate for Children and Young People, 2019, p.13). Evidence provided to the Victorian Inquiry on Protecting Vulnerable Children states there is a 'need for cultural competence training for child protection workers to understand the trauma from past practices and the psychological impact for previous generations' (Cummins, Scott & Scales, 2012, p.302).

Delivering trauma training to workers is also recognised within the criminal justice system as 'trauma training and skills development should be included for all professionals who are dealing with traumatised populations, including Aboriginal women and men in

prison and children in juvenile detention centres’ (Australia’s National Research Organisation for Women’s Safety, 2020, p.51). Within the OOHC population, Indigenous children are often more likely than non-Indigenous children to have involvement with both the criminal justice system and the child protection system. The Victorian Independent Sentencing Advisory Council recently released a report titled, *The Crossover Kids* which examined the experiences of vulnerable children in the youth justice system who are also known to child protection authorities. They found that in 2014–16, Aboriginal and Torres Strait Islander children were 16 times more likely than other children to be both involved in the child protection system and under youth justice supervision (Baidawi & Sheehan, 2019). The significant over-representation of Aboriginal children in the child protection and out-of-home care sector, alongside the recommendations of significant government inquiries and reports, forms a compelling argument for the critical importance of providing practitioners with high quality, ongoing vocational training to support appropriate interventions, effective child protection practice and ultimately support the development of a trauma-informed child protection workforce.

Specialised child protection training with Aboriginal specific content is required to ensure that welfare practitioners possess the necessary skills and knowledge for their role. The Royal Commission into Institutional Responses to Child Sexual Assault (2016) points out that it is essential to understand the experience and impact of both the ‘historical context and its legacy of collective and intergenerational trauma’ (p.79). The importance of providing the historical and socio-political content of Aboriginal people’s experience within the welfare state in child protection training has also been acknowledged in the *Family is Culture Report*, which recommends that child protection staff are ‘educated in the history of Aboriginal people in NSW’ and compulsory training needs to encompass the ‘interaction between past child welfare authorities and Aboriginal people from the late 1800s in New South Wales’

(Davis, 2019, p.180). The *Family is Culture Report* emphasises the importance of a historical analysis for child protection training by saying it ‘is a fundamental requirement for professionals working in the child protection regulatory space in order to effectively understand and service the Aboriginal population in NSW’ (Davis, 2019, p.180).

Without Aboriginal cultural knowledge practitioners may not be able to fulfil their legislative requirements and perform the necessary tasks in the children’s court. In 2016, the President of the New South Wales Children’s Court, raised concern about ineffective Caseworker practice when he provided evidence to the New South Wales Legislative Council Inquiry by saying:

I wish to place on record that this Court is increasingly frustrated by the lack of cultural knowledge and awareness displayed by some caseworkers and practitioners in their presentation of matters before it. The time has come for a more enlightened approach and a heightened attention to the necessary detail required, which may require specific training and education by the agencies and organisations involved.

(Davis, p. 335, 2019)

The National Comparison of Statutory Child Protection Training in Australia revealed that training provided to statutory child protection workers in New South Wales did not include trauma theory (Bromfield & Ryan, 2007). More recently a report prepared for the Australian Children’s Commissioners and Guardians in 2018, titled, *Assessing the Quality and Comprehensiveness of Child Protection Practice Frameworks*, did not identify trauma curriculum in the training manuals used by the NSW Department of Community Services (Finan, Bromfield, & Arney, 2018).

There has been little research to assess or investigate the ways in which professionals are responding to the various levels of trauma present in Aboriginal families involved with



the child protection system (Atkinson, 2013). Despite a careful literature search, there appears to be no existing research and little available evidence specifically related to child protection practitioners receiving training on the historical and socio-political context of forcible separation and assimilation which incorporates culturally responsive strategies and draws on trauma informed theories and principles to guide the integrity of child protection practice (Anderson et al., 2017; Bromfield & Ryan, 2007; Bromfield & Holzer, 2008, Carmody, 2013; Child Protection Systems Royal Commission, 2016; Davis, 2019; Finan, Bromfield, Arney & Moore, 2018; Menzies, 2019; Wood, 2009; Northern Territory Government, 2010).

Developing, delivering and evaluating culturally responsive and trauma informed child protection interventions is key to effective practice with Indigenous children and families. However, child protection interventions are often not systematically evaluated. According to the Independent Review of Out-of-Home Care in New South Wales report titled, *Their Futures Matter: A New Approach*, ‘interventions are often not evidence-based, and are not tailored to meet the multiple and diverse needs of vulnerable children and families (Tune, 2018, p3). The importance of evidence-based practice has become widely acknowledged in recent years. Evidence-based practice is built on the combined strength of rigorous research to assess intervention effectiveness and practitioner knowledge to support the high-quality implementation of interventions that are most likely to support improved outcomes for the client (Arney, Lewig, Bromfield & Holzer, 2012). This research-practice interconnection is key to reducing the delivery of ineffective or even harmful interventions and increasing investment in programs that are most like to support improved client outcomes (Arney et al., 2012).

The field of implementation science has extended our understanding of evidence-based practice further by giving emphasis to the role of culture and local context in program

adaptation and implementation (Kemp, 2016). Within the human services field, practitioner expertise and the interplay between practitioner knowledge and client need is valued highly, leading to the widespread adoption of the term ‘evidence informed practice’ (Australian Institute of Family Studies, 2013). This terminology captures the idea that while research evidence is vital, equally important is the experience of practitioners and the lens through which they interpret and apply the research in their own local contexts (Australian Institute of Family Studies, 2013). Despite some minimal progress, researchers argue that there is a need to strengthen the processes of evidence informed practice within child protection services and non-government child welfare and family support agencies (Tilbury, Hughes, Bigby & Osmond, 2017).

Assessing and reviewing the workings of child protection legislation and procedures is an ongoing, systematic process. During the past two decades, numerous inquiries, commissions and reviews have been conducted, with arguably little change: statutory child protection authorities continue to receive soaring numbers of notifications; services are under-resourced to meet the needs of families; staff training remains inadequate; and children enter the care system in increasing numbers (Lonne, Harries & Lantz, 2013).

There is an urgency to ensure that Aboriginal specific training is not just provided, but is provided in a way that improves knowledge, skills and understanding, is rigorously evaluated, and leads to improved practice. In the post-Bringing Them Home climate, there is a call for all in the helping professions to be accountable for their actions, to be truly reflective in their practice, to challenge oppressive systems and develop culturally responsive ways of working with Indigenous families. Lonne et al (2013) assert that there is a need to ‘Indigenise’ the child protection workforce. In order to improve the quality of service delivery and outcomes for Indigenous families, it is essential that welfare practitioners

employ a sophisticated analysis and understanding when they are working with Aboriginal families in the child protection system.

Ensuring that the practice of all child protection professionals is culturally responsive and safe is paramount. Practitioners might ask what it means to be culturally responsive and need to know that:

Becoming culturally responsive does not imply that one is an expert; rather, it implies that one is constantly in a state of learning in relation to where they are and the local context, and that each situation, family, and community, while there may be similarities, are also different and diverse and will require different responses.

(Bessarab, 2015, p.3)

While cultural awareness and cultural competence courses are common in workplace training, they are limited in scope and do not fully address relevant issues essential to effective working with Aboriginal children and families and there is a lack of trauma content (Bromfield & Ryan, 2007; Carmody, 2013; Wood, 2009; Northern Territory Government, 2010; Child Protection Systems Royal Commission, 2016; Menzies 2019b; Royal Commission into institutional responses to child sexual abuse, 2017). Cultural competence training has been criticised because such training lends itself to treating Aboriginal and Torres Strait Islander people as belonging to a homogenous culture. To quote Hollinsworth (2013), ‘the homogenisation of cultural and religious grouping to which we do not belong is one of the starkest manifestations of cultural racism and should not be reproduced in cultural competence education’ (p.1050). Rather, training about Indigenous Australians should illustrate the rich diversity while also acknowledging there are similar experiences that bind individuals and communities to the culture.

Welfare practitioners may be unsure how to relate to Indigenous clients and they may hold certain assumptions about Indigenous Australians. They may believe, for example, that

harmful behaviours are caused by ‘Aboriginality’ rather than as a result of trauma, or they may believe that Aboriginal people have inherent characteristics that mean they are unable to adequately look after their children. Aitchison’s (2014, p.4) study noted that, ‘...many non-Indigenous workers relied on their own ‘narrow’ knowledge base to understand the causes and nature of child abuse and neglect in Aboriginal communities’. Practitioners in Aitchison’s study sometimes ignored or did not take into account the broader historic and intergenerational contexts of child removal of Aboriginal children from their families and communities, and child protection laws, policies and practices which have continued to impact disproportionately on Aboriginal and Torres Strait Islander peoples in Australia (Aitchison, 2014). Seeing separation and assimilation as trauma is a paradigm that acknowledges the historical systematic extent of family separation and forced assimilation and the traumatic effects on many generations of Aboriginal people as a cultural group.

With a growing body of national and international literature to describe collective, historical and intergenerational trauma, there still appears to be very little research conceptualising assimilation and separation for Aboriginal Australians as trauma (Atkinson, 2013; Menzies, 2019). The concept of collective, historical, intergenerational trauma is something that has received particular attention in relation to holocaust survivors, refugees, and military personnel (Erikson, 1995; Herman, 1992; Kellermann, 2001; Sotero, 2006). However, it has not been systematically used as a framework to understand and address current experiences among Australian Indigenous children, families and communities although the history of Indigenous people’s experience of forcible separation and assimilation constitutes trauma (Menzies, 2019). There is significant evidence that the effects of this trauma continue today in Aboriginal children, families and communities and it is argued that this contributes to, and perpetuates, the pain and suffering they experience (Atkinson, 2013; Bessarab & Crawford, 2013, Menzies, 2019b; Menzies & Grace, 2020). This analysis has

important implications for welfare practitioners working with Indigenous children, families and communities within the child protection sector because an understanding of collective, historical and intergenerational trauma forms an essential base for effective practice.

The importance of making the connection with forced separation and trauma is to understand the ongoing disadvantage and often community dysfunction and individual maladaptive responses as symptoms of trauma. It will be argued in the literature review that familiarity with definitions of trauma, understanding the manifestation of trauma and knowledge of the trauma literature and theories can provide a more effective framework for working with Aboriginal families. To understand trauma it is necessary to understand there is a causal relationship because ‘trauma follows a pattern of cause and effect across generations’ (Australia’s National Research Organisation for Women’s Safety, 2020, p.6) and in the case of Indigenous Australians, the forced removal of an Indigenous child is the cause and the trauma experienced as a result of child loss is the effect. Defining the experience of separation and assimilation as trauma provides a context for understanding the behaviours associated with this trauma (Australia’s National Research Organisation for Women’s Safety, 2020). The findings of the Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory (2017) noted there is recognition of disparities between Indigenous and non-Indigenous people as result of historical events, however ‘there has been less focus on intergenerational trauma and the way it manifests today’ (p.19).

## **1.2 Significance**

This research study aims to address the gap in the literature as this relates to the lack of appropriate and tailored Aboriginal content specific training for welfare practitioners working with Aboriginal families in the New South Wales child protection system. Welfare practitioners were selected as the focus of this study because they have a central role to play

in accurately defining the Aboriginal experience of assimilation and separation as trauma and responding appropriately in their assistance to families. It is vital that their practice is informed by the trauma literature to accurately understand the behaviours of Aboriginal families and to successfully engage with Indigenous families to work towards better outcomes and a reduction in the number of Aboriginal children and families in the child protection and out-of-home care system. In addition to the individual worker obligations ‘organisations need to take responsibility for competent staff responses and ensure that staff are trained in Aboriginal history and trauma legacies’ (Herring, et al, 2013, p.114).

It is anticipated that a thorough understanding of trauma theory and theory-driven practice could support welfare practitioners to avoid blame, promote empathy, increase rapport building, improve trust and decrease conflict with Aboriginal clients and families. According to Jackson (2018) there are six core principles for trauma informed practice: 1) safety; 2) trustworthiness and transparency; 3) peer support and mutual self-help; 4) collaboration and mutuality; 5) empowerment voice and choice; 6) attention to cultural, historical and gender issues. It is argued that employing these principles in child protection practice allows welfare practitioners to develop trauma informed approaches and interventions that seek to establish trust and collaborative partnerships, empower self-determination in Aboriginal children and families, offer choice and control, value lived experiences by respecting Indigenous voices, and most importantly avoid the re-traumatisation of Aboriginal Australians.

Defining trauma helps in three main ways. Firstly, acknowledging trauma assists in understanding its impact on individuals, their reactions and behaviour. Next, understanding the concept of trauma may assist welfare practitioners to move away from “victim blaming” towards empathy and acknowledgement which in itself is necessary for clients to start a healing and recovery process for themselves. Thirdly, a more rigorous understanding of the

notions of trauma assists the field to develop better responses in terms of early intervention and treatment programs designed to support and engage Aboriginal and Torres Strait Islander children and families. Improved conceptualization of the impact of trauma may also assist child protection practitioners to change insufficient or inappropriate service delivery.

Providing welfare practitioners with a theoretical interpretation of the origins of trauma related behaviours is likely to lead to enhanced service delivery within the NSW child protection sector. Possessing an accurate understanding of trauma related behaviours may avoid a perception by welfare practitioners that the behaviours displayed by some Aboriginal families have a genetic basis or are cultural characteristics. Such assumptions may have serious implications for child safety and may compromise effective child protection intervention. Furthermore, it may result in an Aboriginal child not receiving the full protection of the law. Without a thorough understanding of trauma symptomatology and trauma related behaviours encountered with some Aboriginal families, it may be that welfare practitioners view the Aboriginal parent to be parenting in a ‘cultural’ way, inadvertently lowering their expectations of safe protective parenting in those families. The causes and effects of trauma can manifest as abusive behaviours as well as alcohol and other drug misuse (Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory, 2017). If welfare practitioners incorrectly believe substance misuse or abusive environments are actually typical cultural characteristics of Aboriginal families, this is likely to have serious major long-term repercussions for the child’s safety, well-being and welfare.

Understanding trauma related behaviours and trauma symptomatology and the application of a trauma framework can assist practitioners to identify harmful behaviours and mental health disorders, including self-harm. A recent Inquiry into children who died by suicide and were known to Child Protection services prepared by the Victorian Commission

for Children and Young People, titled, *Lost, Not Forgotten*, confirms that Aboriginal children were over-represented among the 35 children with a total of six children, that is 17%, identified as Aboriginal (Commission for Children and Young People, 2019). The report also acknowledged that ‘all of the Aboriginal children had a history of intergenerational trauma, including older family members directly impacted by the Stolen Generations (Commission for Children and Young People, 2019, p.46). The *Family is Culture Report* also outlines how the intergenerational trauma arising from the experiences of the Stolen Generations remains a critical issue for the current generation of Aboriginal children in the child protection system because the ‘current law, practice and policy does not address this trauma’ (Davis, 2019, p.21).

The compromised social and emotional well-being of Aboriginal and Torres Strait Islander children has been documented by the Australian Human Rights Commission in the recently released report, titled, *Children’s Rights: A Scorecard*, which revealed alarming outcomes. Aboriginal and Torres Strait Islander children aged 4-17 accounted for 19.2% of all child deaths due to suicide between 2007–15 (Australian Human Rights Commission, 2019, p.24). This disturbing statistic has been linked to the domains of disadvantage in the areas of ‘education, health, discrimination, exposure to family violence, and overrepresentation in child protection and youth justice systems’ which originate from ‘past government policies and practices, and the continued legacy of intergenerational trauma and disadvantage that these policies created’ for Aboriginal and Torres Strait Islander people (Australian Human Rights Commission, 2019, p.23).

The Aboriginal experience is unique as there is no other cultural group in Australia that is likely to have great grandparents, grandparents and/or parents who have been starved, murdered, imprisoned, forced off traditional lands, stolen from their mothers and fathers or have multiple generations of family members placed in the out-of-home care sector (Menzies,



2020). Welfare practitioners need to be aware that between 1883 until 1969, when the Assimilation Policy was abolished (Human and Rights Equal Opportunity, 1997), it is possible that up to five generations of children were stolen from their Aboriginal families and communities. Another two or three generations of Aboriginal children could have been removed from their families as the result of care and protection legislation between 1969 and 2019, which means there may be some Indigenous families who have had an inconceivable total of seven or eight generations of removal and the subsequent impact of child loss.

Negative judgements and blame was often levelled at Indigenous parents whose children were removed during the period of forcible separation and assimilation, which left many Indigenous parents and families unable to openly mourn, grieve publicly or receive societal support for the loss of their children (Lonne, Parton, Thomson & Harries, 2009). For those Indigenous parents who had children removed under the care and protection legislation, they are also likely to have experienced a complete dismissal of their experiences because ‘having a child taken into state care because of problems in family care giving are not always seen as valid’ and the bereavement and grief is ‘often minimized and misunderstood by workers operating from a deficit viewpoint about parents’ (Lonne, Parton, Thomson & Harries, 2009, p.85). Irrespective of the legislation that has placed Indigenous children in care, there is an immeasurable burden of child loss and ongoing trauma carried by Indigenous people that requires highly trained and skilled practitioners in the child protection sector. Without an understanding of the trauma resulting from multigenerational child loss and the manifestations of trauma, oppression and racism in Australia, practitioners cannot work effectively with Indigenous people.

The direct correlation between trauma and Indigenous people’s physical health is well documented in the bio-medical literature. The term ‘allostatic load’ describes the ongoing exposure to stressful situations that results in a ‘dysregulation of interacting bodily systems,

leading to ill health, high disease burden and early death among Indigenous Australians’ (Sarnyai, Berger & Javan, 2016, p.73). Chronic stress accompanies and triggers changes in personal behaviours and physiological responses because an ‘accelerated accumulation of allostatic load can occur as a result of exposure to major acute traumatic events’ (Sarnyai, Berger & Javan, 2016, p.73). Indigenous people’s experiences of multi-generational trauma has clear links to the social determinants of health, which contribute to the burden of disease with evidence confirming ‘transgenerational trauma (e.g. “Stolen Generation[s]”) impacts on the genome through epigenetic changes, which result in increased susceptibility to future social and environmental stressors and may predispose the individual to diseases in later life’ (Sarnyai, Berger & Javan, 2016, p.74).

The impacts of trauma on negative health outcomes for Indigenous people cannot be ignored. Epidemiological data confirms Indigenous children and adults perform more poorly on a range of measures of physical health than their non-Indigenous counterparts. Recent statistics reveal that life expectancy is ten years shorter for Indigenous people than for non-Indigenous Australians, and babies born to Indigenous women are twice as likely to die in infancy (Australian Indigenous HealthInfoNet, 2018). Indigenous people also experience higher rates of death and hospitalization for cardiovascular disease than non-Indigenous Australians. Many Indigenous people develop diabetes earlier and are more likely to die from it (Australian Indigenous HealthInfoNet, 2018). The rate of kidney disease is seven times higher, and Indigenous people are five times more likely to be admitted to hospital for respiratory disease (Australian Indigenous HealthInfoNet, 2017). On a population-based measure of early childhood development, Aboriginal children were twice as likely as their non-Aboriginal peers to be developmentally vulnerable on one or more of the five developmental domains measured (Australian Early Development Census, 2016). It is clear, in reviewing the causes and symptoms of trauma, that current challenges observed within

Australian Indigenous communities are best understood through a trauma lens. This introduction provides a summary of the characteristics and symptoms of trauma that will be discussed further in the literature review presented in chapter three, four and five.

The Anglo-Australian dominated non-Indigenous mainstream population is so removed from the realities of Indigenous communities it is unlikely that practitioners would 'have been exposed to Indigenous issues and the Stolen Generations' (Yu, 2019, p.745). Child protection professionals who have had little contact with Aboriginal people, or who have only met Aboriginal people in crisis, are likely to be influenced by these encounters and/or have their opinions shaped by the media. Results from the Australian Reconciliation Barometer found that 63% of those who completed the survey did not accept the negative impacts of colonisation as the cause for Indigenous disadvantage and believed that Indigenous people are responsible, preferring to place the blame on them for their plight (Reconciliation Australia, 2017). Other results from the survey found that 44% of the general Australian population rely on the media as their main source of information about Aboriginal and Torres Strait Islander people and only 8% of the general population socialize with Aboriginal and Torres Strait Islander people (Reconciliation Australia, 2017). If welfare practitioners are without accurate information about the lived experience of Indigenous people, or they rely on the media as a main source of knowledge to assist them in their child protection work with Aboriginal families, it is highly probable that they will be ill advised on events, experiences and issues regarding Indigenous people.

Training and professional development is a key mechanism that seeks to improve practitioner knowledge and performance in the workplace. Tailored child protection training for welfare practitioners needs to reflect the true experiences of Indigenous Australians and offer 'the "real" history of Aboriginal and Torres Strait Islander people, challenging the attitudes and preconceived ideas that are held about them' (Bennett, 2015, p.28) and confront

the ‘worldviews in the community that continue to blame and demonise Aboriginal people for their current situation’ (Bessarab, 2015, p.2). According to Menzies & Gilbert (2013) ‘the benefit of carefully unpacking the correct story of Australia affords Aboriginal and Torres Strait Islander people their rightful place to be acknowledged and honoured for their experience and resilience’ (p.61). Failure to understand the disruption and devastation to the lives of Indigenous Australians from the point of contact with British invaders and the ongoing discriminatory and dehumanising tactics of forced child removals (Menzies, 2019) is like working with survivors from Auschwitz, and being content free about the Holocaust and unaware of Adolf Hitler. There is an urgency around finding innovative and effective ways of working with Aboriginal and Torres Strait Islander children and their families to bring about systematic change and ensure that ‘any reform to law, practice and policy’ responds ‘to the extent and intergenerational nature of the trauma that has been caused and compounded by the state’ (Davis, 2019, p.8).

### **1.3 Aims and Objectives**

The underlying premise of this study is that welfare practitioners working in the child protection sector do not view forcible separation and assimilation as trauma when working with Aboriginal families and therefore their child protection practice is not informed by trauma theories. The study explored to what extent did high quality training about the historical and socio-political context of forced removal and trauma theory lead to improved understanding and changes in child protection practice for welfare practitioners.

The aims of this study were to:

1. Design, develop and deliver a one-day practitioner training program based on Indigenous people’s experiences with the welfare state and trauma theory for welfare practitioners, then explore the extent to which participation in the one-day training program:

- i. Increases knowledge and understanding of key concepts such as assimilation, intergenerational trauma and trauma-related behaviours.
  - ii. Leads to changes in the child protection practice of welfare practitioners who are working with Aboriginal children and families.
  - iii. Determines which theories welfare practitioners used in general child protection work and specifically in child protection work with Aboriginal families.
  - iv. Identifies the perceived barriers for Aboriginal families in working with their organisations.
2. Develop a set of recommendations to inform policy and practice on training for welfare practitioners who work with Aboriginal families in the child protection sector.

## **1.4 Methodology**

The research study as a whole examined both the short term impact on practitioners who attended the training in terms of an increase in knowledge (Findings, Part 1), and the longer term impact of this new knowledge on their child protection practice over six months following the training when they returned to their employment organisations and the cultures that permeate those settings (Findings, Part 2). There were six workshops conducted in different locations around New South Wales including in three Sydney metropolitan locations, one regional centre, and two rural locations. The training workshops were conducted in conference room facilities at motels in each town as the conference rooms provided a neutral location without the distractions of day-to-day work. A total of 55 welfare practitioners took part in the study. Thirty participants were employed by the NSW statutory child protection organisation and 25 participants were from the non-government sector.

This section provides an overview of the research methods. Further explanation of the research methods utilised for the two-part study is covered in subsequent chapters. This study employed a mixed methods design, utilising semi-structured reflective interviews and survey instruments. The use of mixed methods research has gained popularity and legitimacy in the field of social and human sciences (Creswell, 2009). Using a mixed methods approach, researchers can increase the strength of the findings and the results, using both qualitative and quantitative methods to inform the interpretation of data. A further benefit is the increased capacity of the data to capture complex participant responses. Multiple methods enable the researcher to draw on different sources of information yielding different insights into the study. Finally, the quality of the data collected will be improved when the multiple methods are linked as more information is generated than when a single method is used in isolation. Using both qualitative and quantitative research methods can ‘generate useable knowledge about the parameters and consequences of social inequality and different types of evidence about the effectiveness of professional interventions’ (Tilbury, Hughes, Bigby & Osmond, 2017, p.270). A key aim of this study was to assist practitioners to recognise the cause of trauma for Indigenous Australians and understand trauma theories so they could develop relevant trauma informed interventions likely to produce positive outcomes for Aboriginal children and families.

### **Overview of the First Phase: Part 1**

A pre and post survey design was employed with welfare practitioners to ascertain the immediate impact of participation in a one-day training program on their knowledge of concepts that are key to working effectively with Aboriginal children, families and communities. The study did not target Aboriginal people or require Aboriginal people's attendance or involvement. Rather, it aimed to provide welfare practitioners with insight into Aboriginal trauma experiences and issues within the welfare state.

## ***Research Question***

To what extent does participation in professional training increase practitioner knowledge of the following: the historical and socio-political context that underpins current child protection policy as this relates to Australian Indigenous children; understanding of trauma and how these experiences manifest at an individual and community level.

## ***Questionnaire, Measure and Data Collection***

The issue under examination in this study is the child protection practice of welfare professionals and the extent of their understanding of the Aboriginal trauma experience within the welfare state. Surveys were based on the standard format of a Likert scale model to obtain quantitative responses from the respondents (Alston & Bowles, 1998; Davies, 2007) by measuring the knowledge of welfare practitioners who work with Aboriginal families in the New South Wales child protection sector. The survey consisted of 11 questions and was designed to ascertain what theories were used in their practice and their understanding of key concepts such as the difference between past and current welfare laws, assimilation, inter-generational trauma and trauma related behaviours.

Quantitative research is concerned with statistical or empirical approaches where information is quantified by figures, percentages, ratios and statistical tests (Edgar, Earle & Fopp, 1993). Surveys offer a way of organising information which can be obtained by questioning individuals to gather information so that the data can be measured or classified (Howe and Lewis, 1993).

The pre and post training questionnaires were administered at each of the six practitioner training workshops. The 11 item questionnaire designed for this study asked the participants to respond to questions addressing the following issues:

1. The theories they used in general child protection work and specifically in child protection work with Aboriginal families;

2. What they perceived to be the barriers for Aboriginal families in working with their organisations;
3. Understanding of key concepts such as assimilation, intergenerational trauma and trauma related behaviours.

Further details relating to analysis and ethical issues are included in the published article, included here as chapter seven.

See Appendix A for a copy of the pre-course questionnaire.

See Appendix B for a copy of the post-course questionnaire.

### **The Training Program**

The training program in this research study employed a range of different learning techniques and modes of delivery to engage with adult learners. The learning materials included the use of power point presentations, audio-visual material, small or large group discussions, individual self-reflection, interactive activities, online exercises and the use of case studies. An essential precondition for the training was a respectful and safe learning environment for all participants. The training course was based on the premise of equity for all participants and the researcher assured participants that the purpose of the training was to provide education to enhance professional practice and did not seek to imply, or place blame, guilt or shame on any individuals for the colonisation of Australia by non-Indigenous people. The workshop safety format was based on Harris & Fallout's (2001) work titled, *Using Trauma Theory to Design Service Systems*.

The one-day welfare practitioner training course was presented in three two-hour sessions.

***Session 1: A historical and socio-political analysis of past child welfare assimilation and separation laws, practices, and policies.***



This session examined the Government sanctioned laws and policies that sought to remove Aboriginal children from their families and communities, such the NSW Aborigines Protection (1909), Amendment Act (1915) and the 1937 Assimilation Policy which was dismantled in 1969. This session also covered a historical timeline beginning in 1883 to illustrate the practices of the NSW Aborigines Protection Board, NSW Aboriginal Welfare Board and the NSW Department of Child Welfare. The session objectives were to provide an overview of how the past child welfare practices is **inextricably** linked to the present child protection practices for Aboriginal children and families.

***Session 2: The personal impact of past laws, practices, and policies on Indigenous individuals, families, and communities.***

This session examined the impact and legacy of past laws, practices, and policies on an Indigenous community by specifically focusing on the researcher's personal and family experiences of forced removal and multigenerational child loss. This session highlighted the life stories of three generations of Aboriginal children removed from their family and community and detailed their individual life experiences of being placed in foster care and a variety of institutions and their experiences of abuse and neglect and loss of culture, connection to country, identity and language and return to family. This story will be portrayed in the autoethnographic chapter two.

***Session 3: Using a trauma framework to understand the Aboriginal experience of forcible separation and assimilation.***

This session outlines the theoretical definitions of collective, historical and intergenerational trauma and describes the manifestation of trauma. The session covers the neurological and physiological impact of trauma on the body and identifies trauma related behaviours and trauma symptomatology.

See Appendix C for a full description of the training program and activities.

## Overview of the Second Phase: Part 2

Semi-structured interviews offer an ideal research instrument for descriptive designs when the researcher is investigating a subject where there is little prior knowledge (Alston & Bowles, 1998; Creswell, 2009). The researcher may employ this type of interview in order to use open ended questions whilst still controlling the direction of the interview (Yin, 2002). This research project employed an exploratory design, and semi-structured interviews were used to seek meaningful insights and understanding into welfare practitioners' child protection practice. The reflective interviews were used to gain first-hand knowledge and perspectives of welfare professionals practices as this is a focal point of the research (Davies, 2007). Eleven open ended questions were carefully compiled as the interview schedule to stimulate reflection and exploration about what informs welfare professionals' practice with Aboriginal families in the New South Wales child protection sector.

The interview schedule was developed to investigate the following:

1. Welfare practitioners' reflections on the training experience, including: the vocational relevance of course content; process and structure of the training day; knowledge acquisition from of the day which included the historical and socio-political context of past child welfare laws, policies and practices; and trauma definitions, including the manifestation of trauma, trauma impacts on Aboriginal families; and the value and use participants placed on the one-day training program.
2. The extent to which knowledge and understanding of this content had been sustained as the result of the training.
3. Any changes to the child protection practices following training included the extent to which the sustained knowledge had impacted on their child protection practices and approaches to Indigenous children and families, and

any other changes to their current child protection practice. Further details relating to analysis can be found in chapter 8.

See Appendix D for a full list of the questions in the interview schedule.

The next chapter follows the journey of the researcher through auto-ethnographic writing to understand the catalyst of this thesis. The thesis is ‘bookended’ with an autoethnographical component in chapter two and chapter eleven. The purpose of these chapters provides both personal and professional autoethnographic information in order to position the thesis within the context of the researcher’s own life experience as an Aboriginal woman. Autoethnographic approaches challenges traditional research as it is ‘reflexive and positions the researcher within the study, in that the author of an autoethnography is both subject and researcher’ (Lapadat, 2017, p.589). This technique has been used in line with the qualitative methodology employed as part a mixed-methods design. It is reflexive positioning, so that there is transparency in the context in which the study and analysis has taken place.

## **Chapter 2: Autoethnographic Introduction**

### **2.1 Introduction**

This chapter employs an autoethnographic approach to position the research that will be described in this thesis within the context of my own life experiences. My personal and professional experiences have shaped my interest in research in this area and drive my passion for positive change within the child protection field, particularly as this applies to Aboriginal children and families. For me, the process that led to the decision about research focus and embarking on a PhD thesis has been a very painful journey both professionally and personally. However, like so many risk-taking and introspective self-discoveries, it has been an extremely powerful and profound experience.

Tuhiwai Smith (1999, p.144), author of *Decolonizing Methodologies: Research and Indigenous Peoples* declares, ‘each individual story is powerful and Indigenous testimonies are a way of talking about an extremely painful event or series of events’. There is an urgent need to reinstate Indigenous people’s experiences into our nation’s history. The reinstatement of these experiences must come from Indigenous people rather than versions constructed by non-Indigenous writers or non-Indigenous researchers. ‘Indigenous people want to tell our own stories, write our own version in our own ways, for our own purposes. It is not simply about giving an oral account or a genealogical naming of land and the events which raged over it, but a very powerful need to give testimony to and restore a spirit’ (Tuhiwai Smith, 1999, p.28). My motivation for using a story-telling approach in this section is to provide a written account of familial removal histories in the context of trauma experiences. At the same time, I hope to ensure that these experiences of trauma are no longer silenced and the

oral histories of Indigenous people are honoured, and to validate the significance of Indigenous perspectives in research. In the training that I delivered as part of this research, I included the sharing of my own personal story which is captured in this chapter. I hoped that exposing my personal and family memoirs of removal experiences, would be impactful for the training participants in a positive way, as well as honour the storytelling and oral history traditions of my culture. (Haag, 2008, p.6).

## **2.2 Background**

Sitting at the heart of, and as a fundamental driver behind my PhD research was my removal experience, my mother's removal, my aunties and my uncle's removal experiences and my grandmother's removal experience and the impact it has had on me culturally, emotionally, physically, spiritually, socially, professionally and politically. The research must be contextualized in light of my personal experience, as well as my professional experience, which includes: working for 13 years with the NSW Department of Community Services; two years on the team which conducted the National Inquiry into the Separation Of Aboriginal and Torres Strait Islander Children from their Families at the Human Rights and Equal Opportunity Commission; two and half years at the Child Protection Counselling Team with the Hunter Area Health Service; nine years working as a Social Work Consultant delivering, designing and evaluating child protection and Aboriginal training programs for Government and non-Government organisations; and ten years in academia. The research conducted for the purpose of this thesis draws on and reflects my personal experience.

A key element of my research is to explore a training approach to workforce development that is grounded in certain understandings of Aboriginal experiences within the welfare state with a particular focus on past child welfare laws, policies and practices. The practice component of this research aims to enhance the work of welfare practitioners by supporting the use of trauma theories and trauma models of practice when working with

Aboriginal children and families. Ultimately, the intention is to reduce the number of Aboriginal children in the child protection and out-of-home care sectors, through new practices that build on trauma informed care. This thesis seeks to bear witness and honour the experiences of Aboriginal and Torres Strait Islander people who were taken from their parents, families, communities and culture.

## **2.3 My Story**

I was born 4th October 1962. After spending a very brief time with my biological mother, I was removed from her care at 8 months old. A court order issued at the Children's Court in Surry Hills made me a ward of the state until the age of 18. I became the responsibility of the Department of Child Welfare and remained in their care until I was discharged from wardship. My skin colour and my physical appearance was the basis for how child welfare authorities would assign my legal guardianship and determine which agency would have custody of me, and ultimately how I would be defined culturally. The decision to place me under the care of the Department of Child Welfare completely and callously ignored the fact that I was born to an Aboriginal mother, possessed an Indigenous identity, carried my own Aboriginal DNA, and belonged to an entire Aboriginal community. Aboriginal infants, toddlers and children who had dark skin were managed by the Aboriginal Welfare Board. The process of placing Aboriginal children based on their physical features and the colour skin was standard practice for welfare authorities and part of the overall Assimilation Policy, which was officially adopted in 1937 and remained in place until it was dismantled in New South Wales in 1969 (Human Rights and Equal Opportunity Commission, 1997). After removal, Aboriginal children would be 'allocated' a culture by the child welfare authorities. This process of de-culturalising and re-culturalising by the child welfare system determined whether the Aboriginal child would be raised Aboriginal or non-Aboriginal, that is Anglo or

European. The decision to (re)assign the child's culture of Aboriginal or Anglo was based exclusively on the child's skin colour and physical appearance.

The New South Wales Government told the National Inquiry that 5,625 Aboriginal children were taken away from their families during the period between 1939 and 1969 (NSW Government, 1996, p.13). The state government explained further by saying:

The Aborigines Protection and Welfare Board jurisdiction applied to 'Full Blood' and 'Half Caste' Aboriginal people. However, many Aboriginal children who had fair skin were deemed by authorities to be European, and thus became the responsibility of the Child Welfare Department. (p13)

Put simply, the Department of Child Welfare catered to Aboriginal children who could pass as white whereas the Aboriginal Welfare Board looked after Aboriginal children who couldn't pass as white. According to the authorities, I could pass as white.

I spent the next few months in a state institution called Ashfield Children's Home. I have no memory of this establishment. I have since ascertained that the ratio of infants and toddlers to staff was 10:1 (source, former Department of Child Welfare staff). I have also been told of some of the practices that occurred there, such as tying toddlers to toilets for extended periods of time and leaving toddlers to feed themselves in high chairs when they often didn't have the gross motor skills to do so (source, former Department of Child Welfare staff). From discussions with long time Department of Child Welfare staff who visited the Children's Home regularly in the course of their work, I have been told how under resourced and under-staffed the unit was to provide an appropriate level of care to the children. Former Department of Child Welfare staff have told me that it was not uncommon for babies to be left crying in cots without ever being picked up, nursed or comforted.

I was just over twelve months old when I was fostered to a non-Indigenous, that is, my Anglo-Scottish family. My new family had originally applied to adopt a child. When they were approached by Department of Child Welfare staff about fostering me, they were led to believe that it would only be a short period of time before a formal adoption would be finalised. However, this promise was clearly and deliberately fabricated as adoption proceedings were impossible because my biological mother had not signed consent papers relinquishing her legal (and parental) rights which was a legal requirement at the time.

Copies of my Department of Child Welfare ward file reveal that there were regular letters from my biological mother requesting, even begging, that I be returned to her care (Department of Community Services archives, ward file). Requests for photographs were also made by my biological mother, but these were never provided. On the one occasion when my biological mother was offered a photograph, she was instructed to sign the adoption consent form in exchange for a photograph (Department of Community Services archives, ward file). She refused again. When I was around school age my biological mother moved interstate believing that the quest to have me returned to her care was futile. She was deeply distressed and traumatised by this experience with the effects still present today.

On the day my new Anglo-Scottish family came to collect me they were asked to take the institution issued clothes off me so that other children at the home could use them. According to my new foster mother, who told me the story, she said the clothes were filthy, wrong sized, inappropriate baby attire, not fit for any child to use. My new family had been told that I was abused and that was the reason I had been removed from my biological mother. Again, another fabrication. No other information was provided and nothing about my cultural background, especially my Aboriginal heritage, was mentioned. My foster mother tells stories about how rigid I was when she tried to touch me and that I was unable to express emotions during my early developmental years. She also talked of regular episodes where she



and my foster father were unable to comfort me without me struggling to get away and refusing tactile contact and it was several months before I kissed her. My foster mother recalls her surprise at the physical abilities I had for a 13 month old child, which included being able to feed myself with a spoon in each hand and refusing assistance from her or anyone else - a legacy of Ashfield Children's Home it seems.

I had just begun to walk around the time of my separation from my biological mother's care. However, my language development did not experience the same progress. I remained almost non-verbal until I was going on three years old. Throughout primary and secondary school I had ongoing literacy problems, poor concentration and mediocre or substandard academic results. Research conducted in the early 1970s reviewed the effects of children in 'long stay' care where the main findings included, 'a very high level of emotional disorder, especially 'conduct disorders', and the group in institutional care was more likely to suffer severe reading disability and retardation of other language skills' (Akhurst, 1972, p.27-30). Winnicott (1970) also notes that when children are left alone much of the time, especially in their first year, as may happen in orphanages, they frequently do not talk. In a submission to the National Inquiry, Dr Brent Waters, child psychiatrist said:

if an infant's expressions of his or her feelings are not responded to by carers, the child will not experience validation of those feelings as they develop. The result will be suppression of feelings and the child loses 'the desire to feel and to communicate feelings and expressions to other people. (Human Rights and Equal Opportunity Commission, 1997, p.188)

I was one of the fortunate members of the 'Stolen Generations' as I was placed with a family where I was extremely well cared for and deeply loved. I was always made to feel wanted and special. My new parents were very transparent about the fact that I was a non-

biological child. Their decision to be honest and truthful with me went against the advice authorities. I was encouraged and given every opportunity to participate in all aspects of life. I was extremely fortunate to live in a home without violence and grow up with two safe nurturing parents. Actually, in many ways I had the benefit of three adult carers as my older sister was 18 years old when I was placed with my new family. In short, I was one of the lucky ones who experienced good quality foundation parenting. I believe it was this solid and consistent exposure to a loving family that allowed me to develop a strong sense of myself. However, it must be stated that the Department of Child Welfare did not ever provide appropriate support to my new family who were left alone and forced to deal with my very challenging behaviours, to develop behaviour management strategies for a child who showed limited affectionate and emotional responses.

Factors relating to my identity proved paramount leading up to and during adolescence. Confusion and feelings of insecurity manifested as ‘acting out’ behaviours that ultimately lead to my second separation. After 12 years, at age 13, I was taken from my Anglo-Scottish family and taken back into institutional care where I remained until I was 18. The first institution, located in Glebe not far from the Sydney CBD, was a complete ‘lock up’ where residents did not leave the confines of the grounds. Adjustment was not easy after the environment of the only family and home I had known.

Many workers noted the regularity with which these placement breakdowns and changes occurred when young people in state care moved into the teenage years. Interviews with Department Social Workers found:

many...saw problems with Aboriginal children who had been in white foster families for many years. Breakdown of the placement when the children reach adolescence was said to be very common, that is more prevalent than among foster children in general... It was felt to be due to the fact that the ‘normal’ identity issues to be coped

with at adolescence were exacerbated by additional ethnicity or cultural identity issues faced by Aboriginal children.’ (Gain, 1987, p.92)

After several weeks I was transferred to the second institution which was called a ‘ward establishment’. Unlike the previous institution, this facility was not a ‘lock up’. Essentially it was a large group home that allowed the 16 female high school aged residents to attend external schools and participate in other external social and sporting activities. This institution was located in Newcastle where I knew no-one and two and half hours away from the only family I knew. I remained in institutional care for five and half years. The House-parents were friendly, supportive, understanding and warm at the ward establishment. They encouraged the children in their care to attend case conferences, given they were about them, although I found out later this was a progressive move by the House-parents and one that was often challenged by the visiting senior child welfare officers. At these meetings I often asked about my biological parents. When I was sixteen years old the welfare authorities informed me at a case conference they had found my biological mother and four siblings but had no information about my paternity. My immediate biological maternal family were living in Queensland. I hadn’t ever considered that I may have siblings, my mindset was always to meet my biological parents, for answers to all my questions, like: Why was I abandoned? Where and who is my biological mother and father? Who do I look like?

Departmental approval was given to allow me to meet my biological family and I travelled *alone* to Queensland for a weekend. (The irony is that I would be provided with a worker to take me on the train for regular visits to see the orthodontist in Sydney whereas now I was travelling to Queensland and catching four planes to meet my birth family without anyone). I was completely unaware of my cultural heritage. In fact, in lieu of knowing my real heritage during my long-term placement with my Anglo-Scottish family, I strongly

identified with their cultural background and values. I was apprehensive, and anxious but excited about the visit to meet my family until the Departmental workers produced a photograph of my Aboriginal family only a matter of days before my departure.

I believed a mistake had been made. I was bewildered and totally confused because all my life I expected my birth parents to mirror what I look like and I had an expectation that I would be looking at a mirror image of me. However, the photograph didn't look anything like me. I didn't have a romanticized notion of what my mother would look like, I just simply thought I would see me. The photograph clearly and visibly met the physical appearance criteria for my construction of what an Aboriginal person looked like, complete with brown skin, brown hair and brown eyes. No support was given to me to digest this information and how I should view my identity - whatever it was! How could I be Aboriginal?

I was stunned that this was my cultural heritage. This was a completely undesirable turn of events for me which sent me into shock and which, at the time, I deeply resented. No support was provided to my biological family or me to prepare us for the weekend, or my Anglo-Scottish family who continued to maintain a close relationship with me while I was in the institution. No explanation was offered to me about government sanctioned laws, policies and practices of forced separations or why I had been made a ward of the state as a baby. Nor did the child welfare officials ever inform me that I was not voluntarily surrendered or abandoned by my biological mother.

The weekend with my mother and family did nothing to help answer my lifetime of questions. Rather, the lack of answers resulted in even more questions. I also didn't realise that they may be distressing questions for my mother to answer and that she may have her own personal pain. As an adolescent I didn't have the capacity for empathy toward her or have the maturity to focus on her needs because I was so consumed with my own need to know the answers about my life. I received no information about my paternity, or any

information about my ward status, or why I was raised by my Anglo-Scottish family or my institutional placements. My mother's shame and silence reinforced the belief that I had been abandoned (as an adult I would eventually find the real underlying cause for her feelings of shame and silence). In response to the lack of information, my hurt turned to hostility towards my mother and my siblings.

On my return from my meeting with my biological family, the child welfare authorities now started to address me as a 'young Aboriginal lady'. I still don't know how they thought my identity could be redefined as the result of one weekend visit with my Aboriginal family. During my time at the institution I had excelled in several sports, such as swimming, touch football, water polo and I had been selected for the state soccer team at 14 years old. I was eventually selected in the Australian womens soccer team (now known as the Matildas) at the age of 21. My identity was attached to my sporting prowess. The term young 'Aboriginal lady' was not a label I readily embraced, and it completely dismissed and ignored how I identified - again!

Like many Australians at that time, I did not have a high regard for Indigenous people. Throughout my education I received extremely unfavorable messages about Aboriginal people. I was subjected to a culturally biased education system that completely omitted Indigenous people from the curriculum. Growing up in suburban Australia, the media portrayals of Indigenous people were based on extremely negative stereotypes, and these experiences shaped my views of Indigenous Australians. I was not permitted to process the [misplaced] anger I had been harbouring towards my biological mother for feeling abandoned and rejected by her and, as a consequence, the initial meeting with my biological family in Queensland was less than a success. The inappropriate management by the child welfare authorities, the lack of support, the failure to gradually introduce me to my biological family, and address my own cultural barriers and racial beliefs, resulted in me deciding to terminate

contact with my biological family. Many uncertain years, without any contact with my biological family, were to follow until I had time to absorb and process the information.

At 21 years old I applied for a job with the Department of Community and Youth Services (YACS). Despite not having a completed tertiary qualification, I was appointed to the position of District Officer, Generalist. After a compulsory three-month training period in Sydney, I began work at an office in a Newcastle suburb approximately ten kilometers from the institution where I had been in care. My relationship with the organisation was about foster care and residential institutions. However, my role involved working with children and young people who had or were experiencing violence, abuse and neglect in their home. I was completely ill-equipped to perform the tasks of the position. I was without an understanding of the psycho-social needs of children, the impact of traumatic experiences for children and young people, and I had no theoretical knowledge base to guide my child protection work. I had come from working with the Department of Sport and Recreation and I had only just completed a year of part-time study in a Diploma of Recreation. The transition was difficult for me, especially as I was still known as the 'ex ward' to several managers and other colleagues who knew me when I was in care at the local institution. In a very paternalistic way some managers referred to me as 'the ward done good'. Working in the Department of Youth and Community Services (YACS) gave me unrestricted access to my ward file, which I obtained after reading an archived ward file that documented the reason for a child being removed as, 'Aboriginal'. At the time I was unsure what the document meant in relation to the past child welfare laws because our work in the late-1980s was governed by a new piece of legislation, but I had an overwhelming feeling that this information had something to do with me and I may finally find some answers, which I did when I was 26 years old.

The toll on growing up without the knowledge of my cultural heritage and not knowing about my Aboriginal identity cannot be overstated. A study conducted in the mid-

1980s, interviewed 15 families with Aboriginal foster children who had been placed by the Child Welfare Department, mostly in the late 1960s and early 1970s, the same time I was in care, and found that the Department of Child Welfare ‘gave no training or information on the issues likely to arise around Aboriginality at the time of most placements, and no information on how to assist the child to develop a positive Aboriginal identity’ (Chisholm, 1985, p.76). The Department had *failed* in its duty of care to me, my foster family and ultimately, my biological family by withholding this information from us and then revealing it in such an ill prepared, off-hand manner.

I am extremely lucky that I was not the recipient of different forms of childhood abuse at the hands of my Anglo-Scottish parents or by any of the workers in the different institutions. Rather, I experienced systems abuse in the extreme. Lies, lies and more lies. The unrelenting deceit to my biological mother, my foster mother and father and myself was cruel and wrong, very wrong. My type of trauma was invisible and cloaked behind the child welfare mantra ‘in the best interest of the child’. The systems abuse significantly interrupted my academic, cultural, emotional, political, psychological, social and spiritual development for nearly three decades.

## **2.4 Multi-Generational Familial Removals**

The following section outlines the removal experiences of my grandmother, my mother, my aunts and my uncles. As the events that impacted on my grandmother, my mother and her siblings took place prior to my birth I am relying on the biographical work by my cousin, James Wilson-Miller, a former academic, historian and author of the book, *Koori: A Will to Win*, which is a story of heroic resistance, survival and of triumph of black Australia (Miller, 1985). In 1987, James also released a documentary of the same name where he traces the 200 years of our family tribal history (Miller, Screen Australia, 2018). I have referenced both sources as I want to acknowledge how diligently James clinically

documented the lived experiences of our family and the Wonnarua Aboriginal community in the Hunter Valley of New South Wales.

In both the documentary and the book there are several interviews with my grandmother and my mother and her siblings who disclose their removal experiences and subsequent traumatic childhood experiences in institutions. The information in the book and documentary has provided another way for me to connect with my community and family, gain greater insight into multi-generational removals, knowledge of my ancestor's colonial experiences and also provides authenticated evidence of the familial removals that have occurred throughout my maternal Aboriginal family. The forced removal and separation of Indigenous children is parallel to the illegal version of abduction and kidnapping.

### **My Grandmother's Removal**

Jean Miller, my late maternal grandmother, was removed from her mother and family in 1924 at the age of 14. In 1909, the New South Wales government passed the Aborigines Protection Act that 'required Aboriginal girls to be apprenticed from the age of 14 until they were 21 in domestic service' (Miller, 1985, p.129). During an interview in the *Koori: A Will to Win* documentary (Miller, Screen Australia, 2018), my cousin, James, speaks with our grandmother, Jean, as she recalls when she was taken as a servant by a Sydney dentist and his wife:

**Jean:** I had this long black hair and they said to Mrs Miller, [my grandmother's mother, Harriett Miller] a pretty little thing they said [with] this black curly hair. So they wanted me, so they took me. They came out the next following Sunday, so Mum packed me bags and they took me back to their own home. I learnt to cook, wash up, scrub the floors, make beds all that sort of thing. I cried all week, for a week.

**James:** How long were you away from [your] Mum?

**Jean:** Away from my mother for five years.



**James:** Did you see her in that time?

**Jean:** Only once. (Miller, Screen Australia, 2018).

My great grandparents, Harriet and Jack Miller had a total of nine children, including my grandmother, Jean Miller, and they lived and worked at the Aborigines Inland Mission at St Clair near Singleton, New South Wales (Miller, 1985). Lena Miller, my grandmother's sister was born in 1907 and died in 1910, aged three years old. In 1919, Harriet Miller, eldest daughter Eliza, aged 16 years old, died of consumption (Miller, 1985). Eliza's death was shortly followed by the death of her Harriet Miller's husband, Jack Miller, my great grandfather, who also contracted the fatal disease on a visit from the St Clair Mission to the Waterfall Sanitarium to see Eliza (Miller, 1985). My great grandmother, Harriet Miller, already dealing with the premature loss of her husband and the devastating loss of her toddler daughter, Lena, (aged 3yrs old) and her teenage daughter, Eliza (16 yrs old) through illness now had to endure the irrevocable agony of having her daughter, Jean (14 yrs old), my grandmother, taken from her not by illness or injury but a 'victim of the predatory Aborigines Protection Board' (Miller, 1985, p.181).

### **The Removal of My Aunts and Uncles**

My grandmother returned home as a young adult. Now a mother herself, my grandmother was about to suffer the same fate as my great grandmother. The introduction in the Koori: A Will to Win documentary notes, 'the Police and the Aboriginal Welfare Board, which had replaced the Protection Board had marked the family for action' (Miller, 1985, p.129). A Police report observed, 'where the family resides bears a very bad reputation and is frequented by Aborigines and half castes of a very undesirable character. The raid came as it did with many Koori Families in the middle of the night' (Miller, Screen Australia, 2020). On

Wednesday 4th December 1940 my grandmother was woken before dawn in a raid by government officials as two detectives and a welfare board officer entered her Redfern home.

My grandmother recalled, 'Five kids they took away from me that morning' (Miller, 1985, p.158).

The authorities removed her five children in one visit. My grandmother's children, my two aunts, then aged, 11 and 8, and my three uncles aged 7, 4 and 12 months old, were taken from their mother and did not see her again until they were all adults (Miller, 1985).

During this period some reports stated the reason given for separating the children from their family was simply 'for being Aboriginal' (Lock, 1997, p.18). This practice meant that families had to show why the child should stay with them rather than the Board having to show just cause for the removal (Lock, 1997).

### **My Mother's Removal**

The powerful welfare authorities were to cause further grief, trauma and torture to my grandmother. In 1941, she gave birth to twin girls, one of whom is my mother, June (Miller, 1985). Close on four months old, her two twin baby girls were abducted from her, made wards of the state and placed in institutional care where my mother and her twin sister remained for the duration of their wardship until they reached adulthood (Miller, 1985).

My grandmother returned to her Wonnarua birthplace in the Hunter Valley without her seven children and with no knowledge of where they were or what happened to them. No media reported this, no emergency services were mobilised. There was no public outrage.

In total, seven of my grandmother's nine children were forcibly separated over a two-year period. How did my grandmother manage to find the strength within to continue and survive from day to day carrying that intense heartache? The loss of loved ones causes such unutterable grief and deep pain, a pain that can hurt so much that it just won't go away. A raw pain that is ever present.

Nearly every parent's greatest fear is that something may happen to their child or that they could be prematurely taken from them, often without warning or in tragic circumstances. The loss of a child is said to be the greatest loss of all.

The loss of seven children is inconceivable. The removal of seven children is an unconscionable act to do to a mother.

The question that must be asked is how can a person integrate this experience and resume living a 'normal' life? Clearly the answer is that it is not possible because life has changed permanently. These experiences can only be viewed as chronic and lifelong psychological trauma and torture. While I did not grow up with my grandmother or spend long periods of time with her I am deeply moved by her resilience and the strength of human spirit she displayed throughout her life in the face of incredible adversity.

I have not spoken in any great detail with my mother or aunts and uncles about their personal experiences in care as the pain was too much for any of them to share. However, I am aware (through my work at the Human Rights Commission) of the kind of treatment they may have experienced when the boys were sent to Kinchella, near Kempsey, and the girls were sent to Cootamundra and how that may affect familial and personal relationships.

For instance, in 1933, the Manager of Kinchella Boys Home, Kempsey, by the Aboriginal Protection Board, was ordered 'not use a stockwhip on the boys, or tie them up'

and the Manager was also prevented from 'sending the boys out as labourers (probably slave labour) to local farms' (Miller, 1985, p.167).

While my mother's older siblings had memories of living in their family of birth, my mother, June and her twin sister, Jean, did not. My mother and her sister, aged 4 months old, were originally placed at an institution near Nowra, NSW. The institution was called Bomaderry Children's Home, which was run by the United Aborigines Mission under the supervision of the Protection Board (Miller, 1985). My cousin James interviewed my mother's twin sister, Jean and she remembered her experience at the Bomaderry home being dominated by religion. As my aunt says, 'we were cut off from the rest of the world - we barely saw anybody - I think from birth till 11 [years old] I must have saw about 12 grown-ups'.

My aunty Jean, recounted an incident when her twin sister, my mother June, was nine years old:

she wet the bed one day and the matron came and she got her and belted her until blood came out her back and when her back started to bleed I said to the matron, my sister's back is bleeding. And she said, "You be quiet or you'll get one too." Of course, I shut up. (Miller, 1985, p.162)

My aunt described the fear she experienced at night:

I was terrified to go into the dark, because I was taught that Jesus was nailed to the cross, to cleanse us from our sins, so that we won't be bad anymore and we would know Him by the nail prints in his hands and I remember being terrified of going into the dark. I was so scared that I would bump into Jesus and I would know Him by the nail prints in his hands. Besides that kind of religious fear, I had a fear of Aborigines, knowing that they were evil, wicked and not

understanding black, but only relating it to sin and drinking and cruelty.’

(Miller, 1985, p.162)

### **My Cousin’s Tribute to His Mother, My Aunt**

Life at Cootamundra for my mother and aunts was frightful and the conditions were deplorable. My cousin James dedicated a poem in 1994, to his mother, Kathleen, my mother’s eldest sister, titled, ‘Six o’clock ...outa bed’ (Wilson-Miller, 1999, p.130) to illustrate her childhood:

#### **Six o’clock ...outa bed**

She entered Coota a young girl  
about eleven/twelve but already  
mature for her years.

She knew how to look after her  
younger brothers and sister, keep house  
and herself, her mother made sure of that.

Her life was forcefully changed.

She was parted from her brothers.

White-washed in a ‘new alien’ white  
way of thinking.

She never really had a childhood,

she went from baby clothes to

Government uniforms, controlled by the  
times of day.

Six o’clock, out of bed, wash, dress, work, breakfast,  
work, inferior schooling, home, change clothes, work,  
wash, tea, bed, nightmares, worry, little sleep,

cry.

Six o'clock, out of bed, wash.....

Talk like whites, behave like whites,

pray like whites. Be white.

She knew her family for she was part of one,

where she grew up, the things she did,

the strong family she had, the old people,

the stories of long ago, her own

identity. Her mother.

She was a daughter, sister, granddaughter, great granddaughter,

niece, aunty, cousin, friend.

She stood in many relationships with family, she loved.

She was rebellious, she never

conformed, they never broke her spirit,

her family background made sure of that

and they were always in her thoughts.

Six o'clock, out of bed, wash .....

she endured many years of this spirit

breaking torture, punished, bashed, humiliated,

starved.

They serviced her out to white middle class

lazy white women's homes, Vacluse, Rose Bay

The North Shore.

She became a slave,

Six o'clock, outa bed, wash, work, and all for a lousy little sixpence.

She was now in the 'White way of thinking'

of age, free, but not really!

She knew where her family was and found them, her mother, grandmother, aunts, uncles, cousins, sister and brother.

She came home.

My mother.

The *Bringing Them Home Report* cites these events and numerous other incidents of brutal cruelty and different forms of abuse metered out to Indigenous children at the Cootamundra Domestic Training Home for Aboriginal Girls from 1911 to 1968 and Kinchela Aboriginal Boys Training Home from 1924 to 1970, which were both the state government funded institutions (HREOC, 1997).

## **2.5 Defining Trauma and Torture**

Psychiatrist and researcher Judith Herman, a pioneer in the work of traumatology defines trauma as an "intense fear, helplessness, loss of control and threat of annihilation" resulting from events that 'overwhelm the ordinary human adaptations to life' (Herman, 1992, p.33). Herman (1992) notes that even when the apparent harm or threat had gone, or the event was long over, traumatized people would re-experience the traumatic event(s) as if it were continually recurring in the present, with disrupted and repeated intrusion of traumatic stimuli causing interruptions to the individual's ordinary day-to-day life because 'atrocities refuse to be buried' in the minds of the survivors (1992, p.1).

The torture definition used by the United Nations is 'a deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority to extract information or a confession from an individual' (Amnesty International, 1992, p. 3). However, Ortiz (2001) stresses, 'events currently

relegated to the category of "extreme" or "related" trauma such as the disappearance, for political reasons, of a family member or a forced flight into exile-should be considered a form of torture. Their effects are equally devastating and widespread and result in permanent damage to the survivors' lives' (Ortiz, 2001, p. 14).

A testimony provided to the South African truth and Reconciliation Commission graphically captures the excruciating agony of child loss:

What I suffer is not considered to be torture by experts on the issue. If it is not torture, what is it then? When I met the Truth and Reconciliation Commission, I was asked what kind of torture I had been subjected to and was provided with a long list to choose from. The word "disappearance" was nowhere to be found. When I spoke of my children had been disappeared [removed] and therefore how I had been amputated from them, they didn't understand what I was talking about. As a woman and a mother, (let me tell you) how it feels to be a survivor of disappearance as a form of torture. I have felt the same pain, despair, survivor's guilt... the same anger, the same inability to trust anybody, including myself... the same feelings of disempowerment, flashbacks, nightmares, feelings of madness, betrayal, and wanting to die, even by my own hands. My pain is so great that sometimes, in my horrible hours of madness I wish I had been physically tortured instead of my children having been disappeared and taken away from me. (Ortiz, 2001, p. 14)

My grandmother's and my mother's agony was outside the human experience to be able to resume to normal life which is the very definition of trauma according to Herman (1992, p.33) who explains, 'that traumatic events are extraordinary, even though they occur frequently, because they overwhelm ordinary human adaptations to life'.



In her latter years my grandmother was to see all of her seven children when they returned home to her as adults although this was not the norm for most Indigenous families torn apart by state sanctioned removals. My aunts and uncles traced her through various Aboriginal, informal and social networks. The long absence and cultural alienation meant some of the relationships between my grandmother and her adult children had been permanently altered and the relationships were like starting over again. Negative and traumatic experiences in institutions, and sometimes with substitute families, was a factor which shaped the relationships between my grandmother, her adult children and her grandchildren.

While these events are personal experiences for me and other members of my extended family, they are not uncommon and the burden of trauma is not confined to the individual removed from a family. It extends to the entire family and the whole community and continues to manifest into the next generation and the next.

As result of the New South Wales forcible separation and assimilation laws, policies and practices between the period of 1883 and 1969, it is possible that during this 86 year period up to five or six generations of Indigenous children could have been forcibly removed from their parents. The impact of Indigenous child loss was felt by mothers, fathers, siblings, grandparents, extended family members, community members and an entire culture.

There are various reasons why our nation doesn't automatically identify the forced removal of Aboriginal children from their families as child loss and acknowledge the resultant trauma. To begin to understand some of the reasons one must understand the discriminatory nature of the laws, policies and practices that removed Aboriginal kids. We are not taught this information in our schools nor does the media accurately depict the experiences. Rather, the Indigenous parents are portrayed as incompetent, or unable to care for their children and due to these so-called neglectful parenting practices Aboriginal children

were forcibly removed from their families (Anderson et al., 2017). The propaganda that has sought to dehumanize Indigenous Australians since the English invasion has been so potent that public opinion has been poisoned on the issues.

It is critically important to understand that we are not responsible for our nation's past. However, we are all responsible for our future and ensuring that the story of our nation is deconstructed and reconstructed accurately to acknowledge and embrace the Aboriginal experience.

## **2.6 The Lasting Impact of My Experience on the Inquiry Team**

It was January 1996 when I took up a position at the Human Rights Commission in Sydney to work on the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families. I thought I had a sound knowledge base to work in this area. Firstly, I had worked for over a decade in the statutory department that was charged with mandatory responsibility for removing children from their families. Secondly, I thought my own removal experience from my biological mother, in 1963, when I was 8 months old, would assist me to understand some of the issues about separation and the consequences of removal. Thirdly, the knowledge of multi-generational removals in my own family gave me insight and increased my awareness of the systematic and widespread nature of forced separations. Finally, I thought the professional knowledge and skills I had acquired in studying social work would provide a solid foundation for the challenge. Consequently, I thought I was well equipped and prepared for the task ahead.

However, I was wrong. I was very wrong!

No one could have been prepared me for what was about to learn. I will never forget my first day when I read a personal testimony from a woman, in her early 50s, who was

subjected to horrific psychological and sexual abuse during her childhood in care. I read a personal testimony of unimaginable abuse repeatedly inflicted on a little girl by a female adult worker in an institution. To this day I have never told anyone about the details or the nature of the abuse. I was distressed and sickened by this account. Sadly, this was not an isolated incident and it was only one illustration of the atrocities committed against thousands of Indigenous children removed from their families. In fact, from the testimonies we heard, it seemed the exception to the rule if an Indigenous child was not abused while in the care of the state.

My task became a struggle to make sense of the capacity for evil in humanity in the face of such cruelty toward children.

I expected Indigenous survivors of forced removal and assimilation would speak of the various losses and trauma experienced through being separated, such as loss of parents and siblings, being placed in a foreign and regimented institution or living with a family of strangers, and cultural dislocation. These experiences, while of great distress to many Indigenous people, were of secondary importance. The primary and most significant experience for Indigenous people who had been separated from their families was the appalling treatment they received at the hands of their ‘carers’ in institutions or in non-Indigenous foster families. Aboriginal and Torres Strait Islander children were subjected to all forms of abuse that is, physical, emotional, sexual and neglect. I was familiar with classifying different forms of abuse into these four separate categories when I worked in child protection. However, I found that the experiences of Indigenous children reached an entirely new level of brutality and persecution. The testimonies from Aboriginal and Torres Strait Islander people reminded me of the stories I had heard about concentration camps during WWII and resembled the images that I had seen at the Sydney Holocaust museum. The images and stories of soldiers returning from war zones also echoed descriptions of trauma

and torture. It was clear to me that the treatment of Aboriginal and Torres Strait Islander children from the Stolen Generations was in the torture and trauma category, the same category that was commonly reserved to describe the atrocities associated with combat experiences, prisoner of war camps and the stories of Holocaust survivors.

The Category was Trauma and Torture. The experience was Trauma and Torture

Trauma and torture were not terms that had been used previously to describe the experiences of Aboriginal and Torres Strait Islander people, however my colleagues and I were repeatedly exposed to stories of trauma and torture, either in face-to-face interviews, in written accounts, or through audio-taped recordings as Indigenous Australians spoke their truth with grace and conviction.

Few of the inquiry team members had prior experience of working with disclosures of violence, abuse and neglect and most had no formal training or skills to equip them for the safe handling of the material and its immediate, short and long-term impact. At least I was able to draw on my child protection practice experience and arranged external supervision with an experienced Social Worker. The Human Rights and Equal Opportunity Commission grossly underestimated the enormity of the task. No-one could have predicted the level of trauma within the Indigenous community. We were also at a loss as to how to anticipate the extent and level of abuse that was disclosed during testimonies or predict the risks to workers. The failure of the Human Rights and Equal Opportunity Commission to mitigate the risks to worker safety and protect the National Inquiry staff from traumatic material, while unintentional, had an enormous and lasting impact on the staff, including me.

In addition to the problems faced by workers, it was indeed a difficult task for Indigenous people who were separated from their families to disclose traumatic memories of

their childhood. Dr Jane McKendrick, (Human Rights & Equal Opportunity Commission, 1997) from the Victorian Aboriginal Mental Health Network, notes how the challenges associated with being a witness were further compounded by having to relate stories to strangers, and the anticipation of giving evidence to the National Inquiry was distressing for many Indigenous people leading up to the formal hearings. She states:

I know people who have become extremely distraught at the thought of this Inquiry, because a lot of people psychologically have put that - a lot of what happened - to the back of their minds. Something like this Inquiry, where it is expected that you will tell your story, means that it comes to the front of their minds, even if they do not want it to. I have had over the past few weeks, as the Inquiry becomes closer, many people getting in contact with me, some who are giving evidence, some who are not, who have been very, very distressed. If people have been traumatised and are still suffering from the effects of that trauma, they are re-traumatised every time something reminds them of the trauma, even people who have made some degree of recovery. And that is the case in any situation where there is a post-trauma stress disorder. Things that remind people of the trauma will bring back memories of the trauma and severe distress. (Human Rights & Equal Opportunity Commission, 1997, p. 19)

Despite their fears, hundreds of Indigenous survivors of forcible removal found the courage and strength to give evidence, both in person and in writing, to the National Inquiry. Private testimonies were closed to the public and the media to protect the privacy of those who testified, and a suppression order was in place to ensure their names did not enter the public domain (Human Rights & Equal Opportunity Commission, 1997). During the private testimonies, Aboriginal and Torres Strait Islander people showed remarkable resilience and were visibly distressed as they recalled their painful and personal experiences of removal and

relocation from their family of origin and community. The anguish and hurt was conspicuous on the faces of Indigenous people as they recounted their story of removal and placements in various adoptive and foster homes and church and government funded institutions.

It was not uncommon for Indigenous storytellers to pace the floor when talking of their experience, especially disclosures of abuse. Frequently, in these situations, there was little eye contact and very often the conversation was a monologue. Indigenous people required few prompts or questions and would speak with minimal verbal cueing. During the private testimonies it appeared that people revisited those childhood experiences, as their eyes would dart from one side to the other, rarely distracted by their audience/witness bearers or their current surroundings. Sometimes their gestures were angry or fearful. Their speech pattern varied and included anything from a controlled tone, a highly distressed pitch, loud shouting, clear articulation or total incoherence. People rocked, swayed, fidgeted, crouched down on the floor and some curled up in the foetal position. Bearing witness to each and every one of these testimonies was difficult and deeply disturbing.

The written submissions, often presented in a way that suggested people had spent a great deal of time composing them, were also upsetting for me to read. The beautiful copper plate writing epitomised the Victorian values of the times. These very same values led to the philosophy of assimilation and the degradation of Indigenous Australians. Some people sent in extracts from their child welfare wardship files. The contrast between the comments made on those files and the way in which people described the trauma they had endured was extremely offensive.

At the conclusion of the interviews, when the individual/s left the room or hung up the phone, it felt as if they had left a part of themselves that was now part of me: the pain and the hurt. The body language was reversed, and I felt deeply saddened. Some people commented on how they felt better for breaking their silence. However, I would feel miserable. I found

myself socially withdrawing from discussing anything of a personal nature. I experienced perceptual disturbances. For instance, sometimes when I was travelling long distances to and from work by train, especially through bushland, a fallen tree appeared to resemble a dead body or the remains of a torso. Or a tree stump would appear out of the corner of my eye as a dismembered human head. I heard strange voices in my head or I would hear my name being called out. Away from the workplace I sometimes had difficulty enjoying ordinary comforts and pleasures in my own life.

Individually and collectively, we all knew what was beginning to unfold. Mid way through 1996, I remember thinking: How do we convey this tragedy? How do we articulate the unconscionable brutality and cruelty endured by little children? How do we present information in a way so that Aboriginal people will be believed? How do we prevent the stories from being dismissed? More importantly, how do we deliver the information that engages our nation to show compassion and understanding to a culture it has traditionally oppressed and suppressed, and when public opinion has been so poisoned on the issue?

After the testimonies were recorded at formal hearings in every state and territory, they were taken and registered at the National Inquiry office located in the Human Rights Equal Opportunity Commission in Sydney. Both the personal testimonies and public submissions remained in the National Inquiry office and were not readily accessible to other Human Rights Commission staff. National Inquiry workers handled hundreds of audio-recordings and written personal testimonies. The quotations and case studies that appear in the report represent an edited fraction of the personal testimonies received. Those that contained the most horrendous and unimaginable atrocities do not appear in the *Bringing Them Home Report*, including allegations that some Indigenous children were murdered in institutions.

I often found myself identifying with a survivor's helplessness or feelings of anger and frustration. This anger was directed not only at the perpetrators, but also friends who failed to understand, and at the larger society generally. Repeated exposures to 'stories of human cruelty challenge the worker's basic faith' (Herman, 1992, p.141). I was lost as I tried to make sense of the testimonies of what had happened to Indigenous children during the forcible separation and assimilation era. When I worked in child protection with the Department of Community Services, (DOCS) it was common to feel angry or upset when children spoke of the abuses they were experiencing, but I always felt there was an avenue for action. At DOCS I felt there were various strategies that could be implemented to work towards providing safety for the child. The knowledge of having a scripted plan of what and how to work in the direction of reducing childhood abuses helped remove strong personal reactions. Whilst they were not always successful, there was a sense of hope. At the Inquiry I felt a sense of hopelessness and despondency. Even the times when I did not think I could listen to another story of extreme pain and suffering, I felt compelled to remain, frozen, and numb, emotionally paralysed and utterly overwhelmed. The need to continue was like an invisible force.

It is also worth mentioning that during the entire twelve years that I was employed by DOCS, I did not ever investigate allegations (or hear of other cases from colleagues), that reached the same level of severity and viciousness. That is, the level of torture that Indigenous children experienced on a regular basis was revolting and shocking. One questions why these grotesque abuses were not reported and what mechanisms sustained the silence and secrecy.

There were times at the end of the day when I dreaded the thought of leaving my colleagues. I had to be near them, as how could anyone else ever understand this insanity. How could I even begin to articulate what I was feeling? Words were so inadequate. There



was great comfort and reassurance in being around others that understood the insanity that was our daily reality. Emergency personnel workers speak of similar shared experiences and how their colleagues are the only people who understand their feelings (McCammon and Allison, 1995).

Despite regular professional supervision sessions, which proved invaluable when it came to reviewing work practices and structural matters, I could rarely convey the personal affect and emotion. My feelings of despair would always be heightened during the formal hearings. Although after the hearings none of us would ever discuss the information we had been saturated with during the day, there was a knowingness that did not have to be stated. It permeated our being. Together we shared the grief and the pain of bearing witness, but even from this supposedly safe distance, it was unbearable. I was acutely aware of the increased amount of alcohol I was consuming in an effort to escape my feelings of anguish and sadness.

The material dealt with by the National Inquiry workers was traumatic in the extreme. Those workers who were involved in hearing personal testimonies listened as horrifying events of loss, grief and abuse experiences were recounted. **Survivors recalling episodes of traumatic events or ‘reliving a traumatic experience, whether in the form of intrusive memories, dreams or actions, carries with it the emotional intensity of the original event’ (Herman, 1992, p.42).** Due to the nature of the personal testimonies, the Inquiry staff were vulnerable to similar trauma related physical, psychological and physiological stressors experienced by Indigenous storytellers because trauma is contagious. The transmission of these symptoms is called vicarious trauma due to the empathic engagement with the Indigenous survivor’s trauma experience **(Herman, 1992).**

Pressures of time and lack of resources meant that there was little time to reflect on the material and no time for workers to informally debrief (i.e. taking some time out or having a cup of tea or coffee) before hearing the next personal testimony. Instead workers

had to listen to, collect and read personal testimonies as quickly as possible. To deal with the volume of material, workers had to work very long hours. Those workers who did not attend the hearings read the personal testimonies in transcript form or listened to tape recordings, as resources did not permit all submissions to be transcribed. While those workers did not visually witness the distress associated with people telling their story, they found dealing with the material profoundly unsettling and upsetting. While working at the Human Rights Commission with the National Inquiry Team, I experienced a number of unfamiliar and unpleasant physical and psychological sensations. These included a numbing feeling and not feeling that I was whole. I sometimes felt that I was outside my body, an observer to myself, seeing things from above or some distance from where I was in reality.

## **2.7 Compiling the *Bringing Them Home* Report**

As part of the report preparation and writing process, the submissions were reviewed many times. Although there were many inherent difficulties for the National Inquiry staff involved in listening to Indigenous survivors of removal recount their experiences, for some staff this process meant re-listening to the testimony after being present for the original recording. I spent lengthy periods of time listening and re-listening to recorded testimonies. The testimonies I had witnessed were even harder to listen to, as I found I would re-visit in my mind the original setting where the testimony took place. On re-listening to the audiotape, I would experience a tightness of breath and the same sensations as if it were happening all over again. I would involuntarily and vividly recall the person's face complete with the pain and torment. Eventually I was unable to continue this work in my office or other areas of the workplace. I found the only way I could best complete the research task was to listen to the tapes on a headphone as I travelled long distances to and from work by train. I found the constant movement of scenery helped to reduce intrusive images.

In spite of the personal cost and distress, it was also a position of honour and extreme privilege to hear and read the personal testimonies. The incredible strength and resilience of so many Indigenous people had a profound and humbling effect on me. Many people had carried their story from childhood to adulthood without ever telling another person until they came before the National Inquiry. People courageously and graciously spoke of pain and suffering no human being, least of all children, should ever endure, usually with the knowledge that the Federal government may ignore the report. Regardless, Aboriginal and Torres Strait Islander people continued to open themselves and share their need to tell the story, the importance of giving testimony. It was this generosity and unwavering commitment to expose the truth that gave me strength to continue. The willing way in which Indigenous people came forward to relate their experiences, and the high expectations some Indigenous people had for the Inquiry, put Inquiry workers in a very difficult position.

Despite workers outlining the terms of reference and the Inquiry's scope, there was still an inherent expectation that 'this report would be the one'. It was a constant source of anxiety to workers that the Inquiry would betray the trust of Indigenous Australians by producing yet another government report and no real change. I felt inadequate as a professional because as a Social Worker, I was acutely aware of the type of support people required when disclosing trauma. I knew the Human Rights Commission was without the funding and the processes had not been put in place to provide the necessary level of support for pre and post testimonials. Too often I would think nothing was going to change for the Indigenous people, but the story-tellers intentness kept me grounded and focused. This strength reinforced my personal and professional belief in the importance of bearing witness and the need for truth.

At times I had mixed emotions about whether people should have been put in this place, that is, telling their story, and left without the necessary supports. A component of my

role was to provide post testimony support and referrals. However, this was not particularly successful as many rural and remote areas were without any services and too often services were culturally inappropriate. In both the government and non-government sectors there were no services that were equipped to provide ongoing support for Indigenous survivors taken from their family. The sorts of services that were usually available only had a mandate to provide crisis, or loss and grief counselling, or psychiatric support services, all of which did not offer the specific services to meet the needs of separated Indigenous people. Services were usually offered by non-Indigenous people and based on a rigid medical model. There was little or no latitude for a holistic approach to emotional and social well-being and limited understanding that separation is the catalyst for trauma experienced by Indigenous Australians at an individual, community and cultural level.

#### **1997: The *Bringing Them Home Report* is Released**

After leaving the Human Rights Commission in January 1997, I returned three months later in April 1997. My role was to provide support to the Indigenous survivors of separation who had given testimonies the previous year. The Human Rights Commission anticipated that Indigenous people and other interested parties would be turning to the organisation for advice, direction, information or support following the release of the *Bringing Them Home Report*. My role involved providing short-term crisis counselling through personal and telephone inquiries and making referrals to locally and nationally based health and legal agencies for Indigenous people affected by separation. Other duties involved disseminating information in relation to accessing records and liaising with Commonwealth, State and Territory Agencies and non-government organisations with an interest in the area of the National Inquiry.

The second year of my employment with the Human Rights and Equal Opportunity Commission was perhaps harder in some ways, as the National Inquiry Team had been

dismantled, and I was no longer working with the people who had gone through the same experiences or worked with the same issues. I felt alone and isolated without the support of my former colleagues. I was assigned to the Public Affairs Unit, which had carriage of marketing the Report. Whilst the staff of this unit were very committed to seeing the *Bringing Them Home Report* receive as much publicity as possible, and they worked long hours promoting it to various media outlets, they had not been personally touched by the voices of Indigenous people at the same level nor had memories of the tormented faces as Indigenous people shared their stories with me the previous year.

Another factor which added to the difficult nature of my role was the enormous number of Indigenous people who were suffering after unveiling the silence of their past. Due to the high level of media exposure the *Bringing Them Home Report* received, many Indigenous people felt over exposed and vulnerable with the report now in the public domain. Many expressed feeling disillusioned and hurt by the negative reception from the Federal government and members of the public. For instance, the then Prime Minister, John Howard refused to apologise or accept the past wrongs of previous Governments and ‘called on Australians to cease what he called their pointless ‘navel gazing’ over questions of Aboriginal injustice’ (Manne, 2000, p.3). The former Howard Government even went as far as declaring Aboriginal and Torres Strait Islander children had been ‘rescued’ from the influence of their parents, families, community and culture (Haebich, 2000).

The invalidation of Indigenous people’s experiences led to some feeling suicidal and experiencing depression and anxiety. Some people harboured animosity towards me and the Human Rights Commission, and many regretted their involvement in the Inquiry process and wished they could retract their testimony. These outcomes were extremely arduous to manage given the political climate and limited professional support services available to Indigenous people. I was deflated and felt that I had failed so many Aboriginal and Torres Strait Islander

people who had come forward to share their lived experiences. There was an element of personal responsibility that I carried because life for those Indigenous people I worked with had not changed and they were still experiencing distress, frustration and suffering. I was not so naïve as to think things would immediately improve as I knew we had a federal government that dismissed and even denied the Stolen Generations experience which would mean the recommendations might not be implemented, but I had hoped it may bring some comfort to know the truth was out there. I was encouraged by the compassion, empathy and support showed by some Australians but unfortunately, they were in the minority.

While the release of the *Bringing Them Home Report* provided some answers, acknowledgement and information for Indigenous families, it also proved interesting to non-Indigenous people who, for the first time, found out about the past welfare practices involving the placement of Aboriginal children. Following the release of the report, I spent many hours on the phone talking to non-Indigenous women who had children in their care that they had either adopted or fostered. These women were usually unable to conceive, and adoption or fostering were their only chance to care for children as this was prior to widespread access to fertility technology such as IVF. There was a common thread in the stories they told me, which was that they had never been told that the child was Aboriginal and /or that the children were forcibly removed from their parents. Official placement allocations were made through Government and non-government organisations such as church funded services. Non-Indigenous mothers spoke of their grief and how they felt a sense of guilt for their unknowing involvement in the forcible removal of Indigenous children. The conversations with these women were heart wrenching, as they described their lives with children they loved, nurtured and welcomed into their family as their own. Many of the non-Indigenous mothers recounted the conversations with welfare authorities and different workers over the years as they tried to ascertain information about the child's family

and heritage in the hope to give comfort to the children who asked about their 'real parents'. Non-Indigenous parents were now wanting guidance and support to develop strategies to assist their adult children who had recently found out the truth about their Aboriginal culture, family and heritage through either adoption records or wardship files that were made accessible due to changes in the freedom of information legislation.

### **Responses to the *Bringing Them Home Report***

The National Inquiry created a space for Indigenous survivors of child separation laws, policies and practices to make their story audible both to the Federal government and to the general public. The *Bringing Them Home Report* received unprecedented acclaim. According to historian Professor Robert Manne (2000, p.5) 'no inquiry in recent Australian history has had a more overwhelming reception nor, at least in the short term, a more culturally transforming impact'. However, when the *Bringing Them Home Report* was released there were many critics, especially from the then Howard Government who launched personal attacks on the two people who headed up the National Inquiry, former President of the Human Rights and Equal Opportunity Commission, the late Sir Ron Wilson and Dr Mick Dodson in an 'attempt to undermine their credibility and character' (Manne, 2001, p.75). There were allegations of a flawed methodology and on inflated numbers of children removed. Sir Ronald Wilson (Bird, 1998) replied to the critics who attempted to discredit the *Bringing Them Home Report* by saying:

People have said we made no attempt to corroborate these stories etc. We thought it was the best way to go and to simply tell a story that would move the Australian community to heal the nation. I would answer the question of lack of credibility (of witness stories) by saying that whilst we didn't ask the witnesses to prove their story, when you listen to 535 horrible histories of that kind there is a general corroboration that arises from the totality. How could it not be authentic when you hear a great

majority of these stories tending to the same conclusion ... When you multiply all the stories and things they have in common, then each one in a general sense corroborates the others. (Bird, 1998, p. 3)

## **2.8 Social Work Masters Study**

During 1997, I enrolled in a Master of Social Work course while I was still working at the Human Rights and Equal Opportunity Commission. Prior to enrolling my intention was to write a thesis about the 'Stolen Generations'. Initially I wanted to explore why the Australian psyche resists (and even denies) the experience of Indigenous mothers and child loss? My interest in this area stemmed from my work at the National Inquiry and also personal observations of how differently society dealt with incidents where a non-Indigenous child was taken from the non-Indigenous mother, usually by the father sometimes without permission, or not returned and taken to another location to live with the father and extended family and paternal community. During the mid-1990s there was a prominent and well-publicised case in the media of Jacqueline Gillespie, whose two young children were taken by their father and illegally and secretly transported out of Australia (Pascarl, 2006). During media reports and interviews Ms Gillespie spoke of her despair and how she even contemplated suicide (Pascarl, 2006). There was public outrage about the case and resources mobilised to help find Jacqueline Gillespie's children.

Other incidents that provoked my consciousness involved children going missing, presumed kidnapped, lost in snow or swept away in a flood. In these tragic incidents, media reports would often claim that the mother's and father's greatest torment and suffering was the 'not knowing' what happened to the child. In some cases where the child was taken, regardless of age, parents revealed they were prepared for the worst - death, so long as they knew the



child's destiny. Parents talked of being consumed with the heartache and agonizing pain of not knowing their child's fate.

Some mothers and fathers waited days, months, years and some still wait for information about what has happened to their missing child. As I journeyed through my post graduate social work studies, I decided against exploring the personal loss and distress of these circumstances. My original desire was to compare the differences and similarities between the mothers of children who had gone 'missing' and Indigenous mothers whose children were taken from them without ever being told what had happened to them, why they were taken, where they had been taken to and never seeing them again.

The purpose of choosing this issue was to draw parallels between the profound grief, catastrophic loss and lifetime of suffering experienced by all mothers irrespective of culture. The aim was to illustrate the dichotomy of local, institutional, individual and societal responses to the two groups of mothers. One group of mother's experiences are recognized and met with compassion, validated by individuals and institutions, and allocated extensive personal and media resources to find their child. This group is the mothers of non-Indigenous children. The other group of mothers, however, experienced shame and ridicule, and accusations that these mothers had done something to deserve it. This same group's experiences were (and continue to be) invalidated and they experience a complete dismissal of their loss and pain. This group is the mothers of Aboriginal and Torres Strait Islander children who were forcibly removed, stolen and taken from them by Government endorsed laws, policies and practices because of their Aboriginality, their Torres Strait Islander heritage.

In my social work masters thesis, I also wanted to honour the experiences of all mothers who had ever lost a child. However, after I finished working with the Human Rights Commission for the final time, in January 1998, I couldn't do the thesis on that topic. That is,

I could not face the task of researching incidents where a child was separated from their mother - whatever the reason! I could not confront the task of reading about the sadness and sorrow of what happened to the child whether taken by the father, a stranger, met with foul play or caught up in a natural disaster. I could not look at the pictures of the mothers whose children had gone missing.

The other barrier to me pursuing my initial thesis interest was because Indigenous mothers never spoke about the loss of their child or children. Many Indigenous women who had been separated as children and who as adults had their child separated from them did not utter a word about the shattering loss of their own children. Mothers were simply unable to speak about the anguish and their lifetime suffering of not knowing what happened to her child.

The agony was unutterable.

I was, and continue to be, angry, bewildered and offended by how Aboriginal motherhood was viewed differently to non-Aboriginal motherhood and how Aboriginal mothers were not seen as affectionate, devoted, loving, sensitive and committed to caring for their children. I am deeply troubled and saddened that the intractable pain and suffering of child loss for Aboriginal mothers whose children were taken from them was not (and is not) recognised as trauma. The disjunction between Aboriginal mothers' experiences of child loss and non-Aboriginal mothers' experiences of child loss is appalling, cruel and simply un-Australian.

Child loss is child loss!

And

Child loss = Trauma

## **2.9 Why this Research is Important**

I returned to working in the statutory department after my two-year secondment at the Human Rights Commission. I took up the position of Program Manager, Aboriginal Training at the Department of Community Services (DOCS), central office in Ashfield, in January 1998.

After developing a strong interest and a passion for education and training while working with the Department of Community Services and the Hunter Area Health Services, I was able to acquire sophisticated facilitation and groupwork skills. I worked for over a decade as a social work consultant designing, delivering, and evaluating child protection and Aboriginal training programs for Government and non-Government organisations. During this time it became very apparent to me that many, many welfare practitioners were unaware of the impact of forcible separation and assimilation laws, policies and practices. Furthermore, practitioners did not recognise forcible separation and assimilation as causing trauma. Nor did these welfare professionals understand the intergenerational impact of child loss as trauma for Aboriginal children and families. Despite most of the practitioners possessing tertiary qualifications in a range of disciplines such as childcare, education, nursing, psychology, social work and welfare, they also did not have the knowledge and skills to allow them to work effectively with Indigenous communities, people and services.

In particular, welfare practitioners working within the child protection services did not make the link between Aboriginal people's past child welfare experiences and current child protection experiences or understand their fear of government and authorities. Tertiary education and vocational trauma informed training on Aboriginal people's experiences with

the welfare departments and removal practices was often absent and many practitioners were without an understanding about the difference between the past child welfare laws and the present child protection laws. Consequently, practitioners lacked the necessary knowledge to recognise the discriminatory and racist nature of the past welfare state and the injustices toward Aboriginal people. Practitioners require an understanding of the injustices experienced by generations of Aboriginal children and families in order to build trust and enhance their child protection practice with a highly vulnerable group.

Moreover, welfare practitioners working in the child protection sector did not recognise forcible separation and assimilation as trauma. There was a lack of knowledge and understanding among welfare practitioners to define trauma, describe the manifestation of trauma and the effects of trauma on the body and brain. Failure to understand the manifestation of trauma was contributing to inaccurate assumptions about the behaviours of traumatized Aboriginal families, resulting in inappropriate child protection interventions. Trauma theories and trauma models of practice were not universally employed by welfare practitioners and organisations working with Aboriginal children and families in the child protection system. Without a clear and coherent understanding of trauma and its impact, and a description of trauma related behaviours, welfare practitioners were forced to rely on the negative stereotypes and incorrect assumptions gleaned through media or culturally biased education systems.

I argue that it is critically important to view the Government's forcible separation and assimilation laws, policies and practices through a trauma framework to understand the ongoing consequences for Indigenous people and communities. Seeing separation as trauma is a paradigm that acknowledges the historic systematic impact of removal and the effects through many generations on Indigenous people as a group.

I was also concerned about the lack of education and training and the specific curriculum and evidence-based research that was available to welfare practitioners. The literature contained limited research describing and documenting forcible separation and assimilation as trauma. There was also little evidence that welfare practitioners were able to access relevant information and learning opportunities within their tertiary studies or vocational training to assist them to accurately understand the impact of past child welfare laws and present child protection laws, and to draw on trauma theories and implement trauma informed practice to work with Aboriginal children and families who are currently involved with child protection services.

I encountered many, many conscientious, dedicated and well-meaning welfare practitioners, during my time working as a training consultant. However, without a sophisticated understanding about the information outlined above, they were ill-equipped and unable to work effectively with Aboriginal children and families in child protection due to the deficit of knowledge and skills.

In this PhD thesis I have chosen to centralise the notion of trauma and explore how trauma training links with current child protection work with Aboriginal families and how this might contribute to changed child protection practices. I hoped that sharing my familial and personal story would offer a new understanding about Indigenous Australians and the welfare state. Deconstructing the dominant story about cultural imperialism and the oppression of Indigenous Australians aims to reveal the truth by ‘re-righting’ Indigenous experiences at an individual and structural level (Tuhiwai Smith, 1999), which has largely been overlooked in Australia and ‘entirely obscured, or largely misrepresented by government bureaucrats in racist and patronising narratives and reports’ (Blasio, 2008, p.32).

## **Chapter 3: Literature Review One**

### **Forcible Separation and Assimilation as Trauma: The Historical and Socio-Political Experiences of Australian Aboriginal People**

**Paper 1:** Menzies, K. (2019). Forcible separation and assimilation as trauma: The historical and socio-political experiences of Australian Aboriginal people. *Social Work and Society International Online Journal*, 17(1), 1-18.

<https://www.rsisinternational.org/journals/ijriss/Digital-Library/volume-3-issue-1/120-127.pdf>

***‘Those who cannot remember the past are condemned to repeat it.’ (Santayana, 1905)***

#### **3.1 Purpose and Summary**

This chapter begins the first of three literature review chapters. This work outlines the history of trauma and research as it relates to different groups of people. It draws on contemporary examples of cultural groups who have experienced trauma, including Australian Aboriginal and Torres Strait Islander people post European invasion, and specifically the trauma caused by the forcible removal of Aboriginal children from their families under Australia’s forcible separation and assimilation laws, policies and practices.

The concepts of collective, historical and intergenerational trauma are defined and explored and applied to the trauma experiences of Indigenous Australians. These concepts are

developed further in chapter four titled, *Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma*.

Australian Aboriginal culture is estimated to be 60,000 years old and is the oldest living culture (Behrendt, 2019). European people invaded Australia 230 years ago (Behrendt, 2019). The impact of postcolonial Australia on Indigenous culture and people has been devastating, however, the practice of forcible removal of Aboriginal children from their families is arguably the one single factor that has caused and continues to cause the greatest harm to Indigenous families (Atkinson, 2013; Grace et al., 2016). Historically, the tide of social opinion has turned slowly in acknowledging the harm done to oppressed people. Most often, those who have suffered are blamed for their oppressed status, the cause of which is ascribed to a perceived defect in character. This lack of widespread acceptance of harm done to Indigenous Australians continues to plague Australian society (Milroy, 2018). The impact of this lack of acknowledgement is developed further in chapter five of this thesis, titled, *Beyond Public Acknowledgement to Action: The Role of Government in Supporting Recovery from Trauma for Indigenous People as a Result of Past Policies of Forcible Separation and Assimilation*.

In this chapter titled, *Forcible separation and assimilation as trauma: The historical and socio-political experiences of Australian Aboriginal people*, the case is presented to clearly demonstrate that Australia's Indigenous people, both individually and as a group, behave in ways consistent with the symptoms of collective, historical and intergenerational trauma. The paper argues that this trauma is not broadly recognised at a societal level or at the level of individual practitioners working with Indigenous children and families. The implications for welfare practitioners working with Aboriginal and Torres Strait Islander families are that they need to understand Australia's post-colonial history as having caused trauma, and that using a trauma framework is central to their child protection work. This

needs to come with a public acknowledgement of harm done that should be reflected in the telling of Australian history. Australians need a shared history in which the coloniser oppressor acknowledges the ongoing effects of, and takes responsibility for, the past and present racist laws, policies and practices that keep Indigenous people on the fringes of society, overrepresented in the criminal justice and child protection systems, with a reduced life expectancy and high rates of chronic disease (Australian Institute of Health and Welfare, 2018).

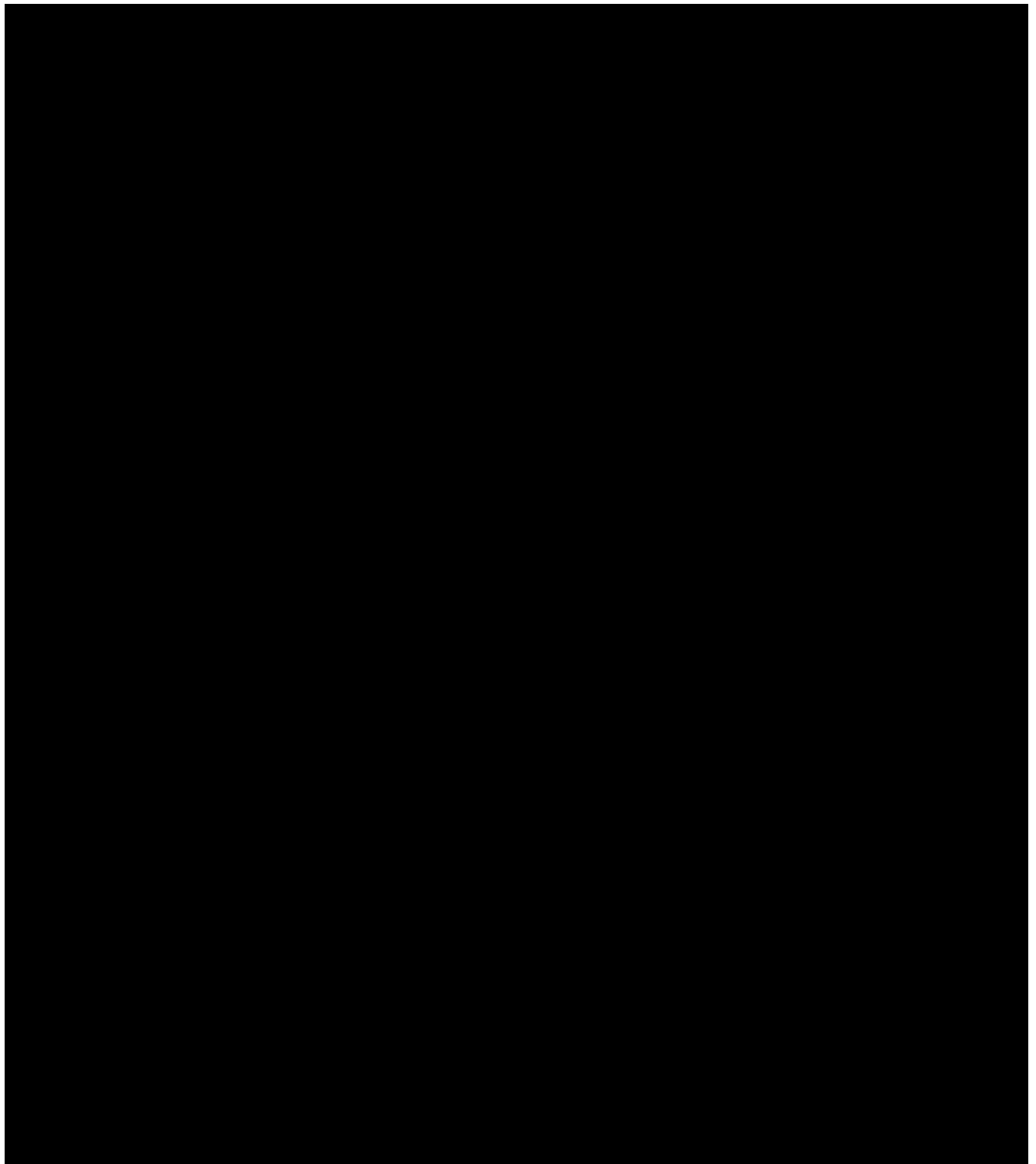
These traumas remain largely unacknowledged by the dominant culture due, at least in part, to the unbalanced view of Australian history that began with the lie of *terra nullius* and continues today with a partial version of history that omits Indigenous voices, the resistance to English settlement, the extent of assimilation and extermination practices and the policies that paved the way to genocide including the forced removal of Aboriginal children from their families (Miller, 1985). The full history of the Australian invasion must be told in a way that includes the lived experiences of Indigenous people (Bennett, 2019; Green, 2019). Without an understanding of this story there is no understanding of contemporary Aboriginal and Torres Strait Islander people and culture. Without hearing the story of the other, there is no opportunity to understand the other.

This chapter argues that welfare practitioners and child protection interventions will only be effective in engaging with Aboriginal children and families when there is sophisticated understanding of the socio-political and historical experiences of Australian Aboriginal people, including understanding that forcible separation and assimilation constitutes trauma. The application of a trauma lens to practice is essential to positive change within the child protection field.



**Forcible separation and assimilation as trauma: The historical and socio-political experiences of Australian Aboriginal people**

*Karen Menzies, University of Western Sydney*



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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has become a major employer in the UK, and its growth has been a key factor in the overall growth of the economy.

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the first of these is the fact that the majority of the population is now living in urban areas. This has led to a concentration of people in a few large cities, which has in turn led to a number of problems. One of the most serious is the lack of adequate housing. In many of these cities, the housing is overcrowded and of poor quality. This is a major cause of health problems, particularly in the case of children. Another problem is the lack of adequate sanitation. In many of these cities, there is no proper sewage system, and the waste is often dumped in the streets. This is a major cause of disease, particularly in the case of children. A third problem is the lack of adequate education. In many of these cities, there are no schools, and the children are often left to fend for themselves. This is a major cause of illiteracy, which in turn leads to a number of other problems.

The second of the main causes of the problems in the Third World is the lack of adequate infrastructure. This includes the lack of roads, bridges, and other facilities. This is a major cause of poverty, as it makes it difficult for people to get to work and to sell their goods. It also makes it difficult for people to get to school, which leads to a lack of education. A third cause of the problems is the lack of adequate health care. In many of these countries, there are no hospitals, and the people are often left to fend for themselves. This is a major cause of death, particularly in the case of children.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the ageing population. This paradigm is based on the principle of 'active ageing', which is defined as 'the process of optimising the opportunities for people to be able to lead healthy, productive and secure lives in old age' (Department of Health 1999, p. 1).

The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm. These include: (1) promoting healthy ageing; (2) ensuring that people have the opportunity to live in their own homes; (3) ensuring that people have access to the services and support they need; and (4) ensuring that people are able to participate in the activities of their communities.

The Department of Health (1999) has also identified a number of key areas for research in order to achieve this paradigm. These include: (1) understanding the needs of the ageing population; (2) understanding the barriers to healthy ageing; (3) understanding the role of the community in supporting healthy ageing; and (4) understanding the role of the health and social care system in supporting healthy ageing.

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The fourth of these is the fact that the majority of the population is now living in remote areas. This has led to a number of problems. One of the most serious is the lack of adequate housing. In many of these areas, the housing is of a very poor quality and is often overcrowded. This has led to a number of health problems, particularly in the case of children. Another problem is the lack of adequate sanitation. In many of these areas, there is no proper sewage system, and the waste is often dumped in the streets. This has led to a number of diseases, particularly in the case of children. A third problem is the lack of adequate education. In many of these areas, there are no schools, and the children are often left to fend for themselves. This has led to a number of social problems, particularly in the case of children.

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[The following text is a dense, handwritten manuscript, likely a letter or a page from a book. It is written in a cursive script and is mostly illegible due to the quality of the scan. The text appears to be a continuous paragraph or a series of connected sentences. The handwriting is fluid and somewhat slanted. There are some words that are more legible than others, but the overall content cannot be accurately transcribed. The text is written in dark ink on a light-colored paper. The margins are narrow, and the text fills most of the page area.]



## Chapter 4: Literature Review Two

### Understanding the Australian Aboriginal Experience of Collective, Historical and Intergenerational Trauma

**Paper 2:** Menzies, K. (2019b). Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. *International Social Work*, 62(6), 1522-1534. <https://doi.org/10.1177/0020872819870585>

*‘Addressing the causes of the causes.’* (Marmot, 2016)

#### 4.1 Purpose and Summary

The previous chapter highlighted that the act of forcibly removing Aboriginal children from their families constituted a catastrophic event for the child, their family and their community. The subsequent trauma is experienced at all these levels. The literature review in this chapter builds upon the concepts developed in chapter two as this relates to the collective, historical and intergenerational trauma as a result of racist assimilation laws, policies and practices.

This chapter, titled *Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma* further explores the evolution of our understanding of trauma through the inclusion of trauma responses in the Diagnostic and Statistical Manual (DSM), which eventually led to the development and definition of post-traumatic stress disorder (PTSD). Trauma research demonstrates the clear link between experiences of trauma and poor health outcomes. This link extends even further to include poor outcomes for the

children of traumatised individuals. In the case of Australian Indigenous people who have been subjected to cultural and racial genocide for over 230 years, poor health outcomes are present at the level of whole communities, including in behaviours that are often attributed to the inherent failing of the group. For example, the belief that anti-social behaviour and excessive substance use is a normal part of Aboriginal culture, rather than the outward expression of trauma. The misidentification of trauma related-behaviours and symptomology perpetuates the disadvantage experienced by Indigenous Australians as ‘remedies’ in the form of policies and practices that fail to address the root cause, which required understanding and acknowledgement of trauma at the hands of past and current governments.

The social determinants of disease are those factors in one’s social environment that contribute to poor health outcomes (Marmot, 2016). Compounding the risks of poor health outcomes for Indigenous people are the factors inherent in the hostile social environment in which Indigenous people are kept on the margins of society by the institutions, structures and the systems that exclude them from good health outcomes and opportunities to participate fully in the dominant culture. Indigenous people, and especially the survivors of the Stolen Generations and their children, experience a consistently and significantly higher burden of disease than non-Indigenous people (Australian Institute of Health and Welfare, 2018).

The inequities between Indigenous and non-Indigenous people remains unacceptable. In chapter five, titled, *Beyond public acknowledgement to action: Supporting recovery from trauma for Indigenous people as a result of forcible separation and assimilation* there is a call for action to create an acceptable balance and the need for national understanding and recognition of the suffering experienced by Indigenous Australians especially among practitioners working in the human services.

Acknowledgement and accurately defining the experiences of collective, historical and intergenerational trauma caused by forcible separation and assimilation laws, policies, and practices at Federal and State levels of government is the first step on the road to recovery for those experiencing the trauma and for the nation as a whole. Due to the ongoing devastation caused by 86 years of multigenerational forced child removal it is especially important for welfare practitioners within the child protection system to introduce programs and interventions underpinned by trauma theory and evidence-based research if we are to break the cycles of family and cultural disruption.

# Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma

*International Social Work*

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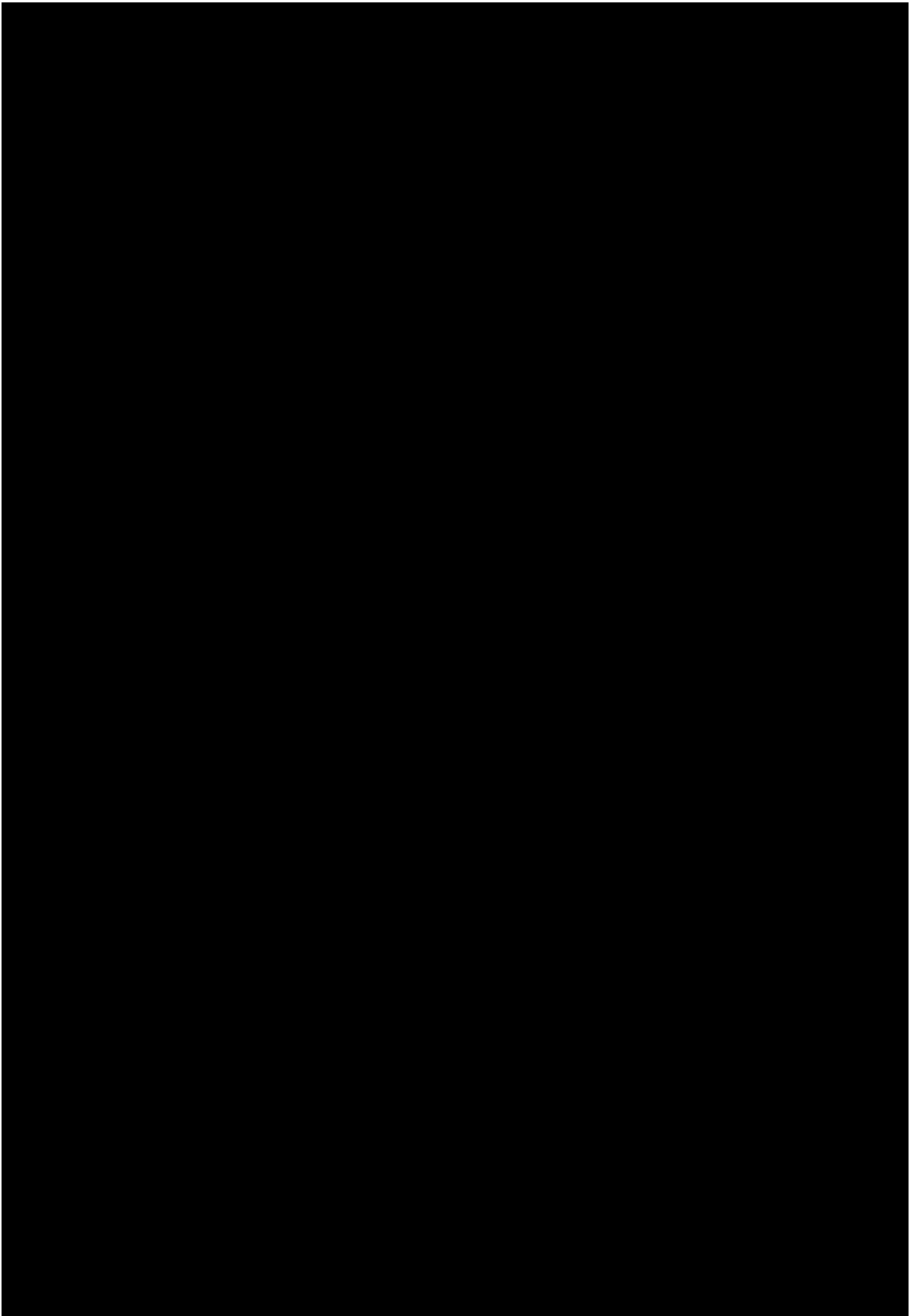
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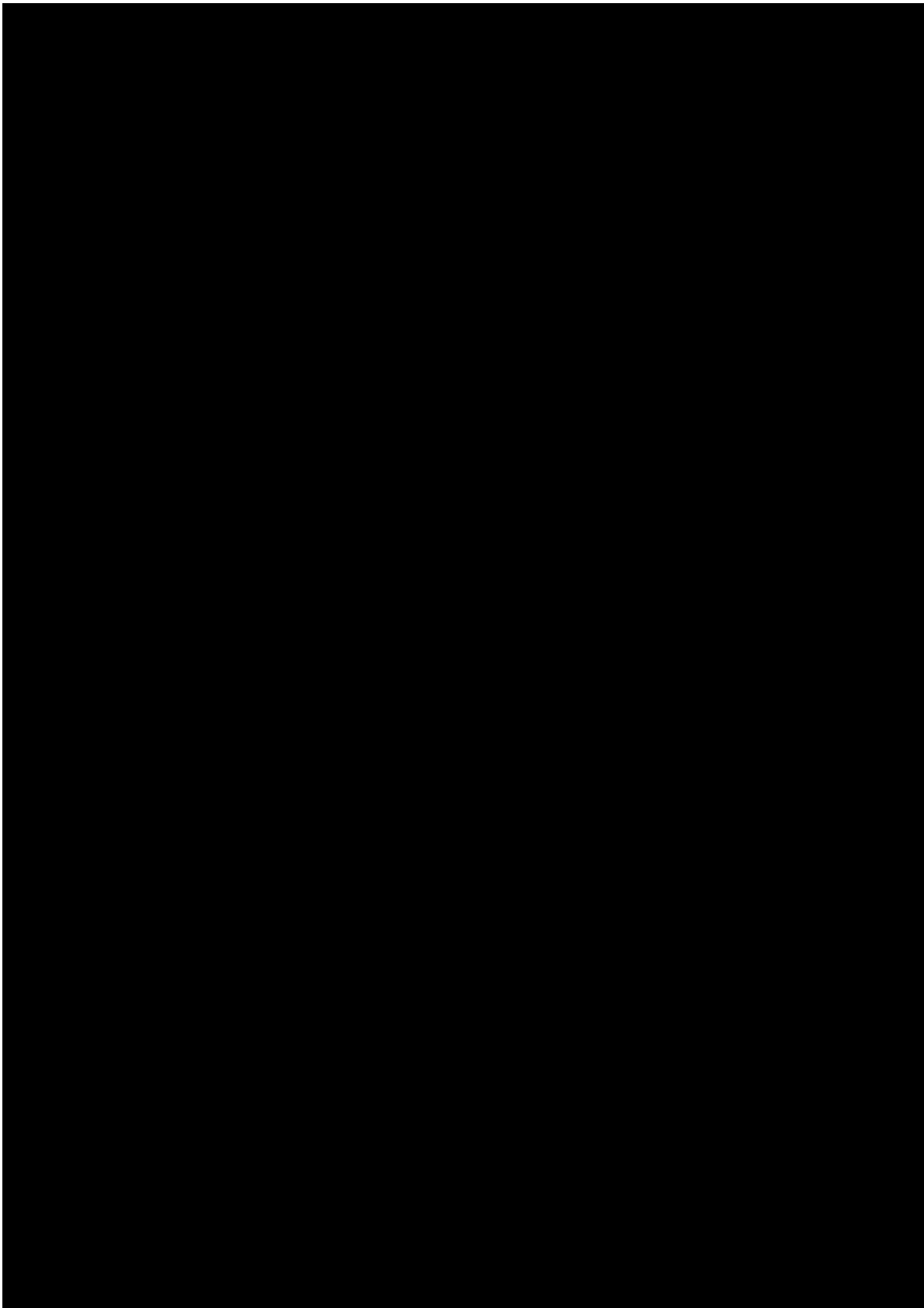
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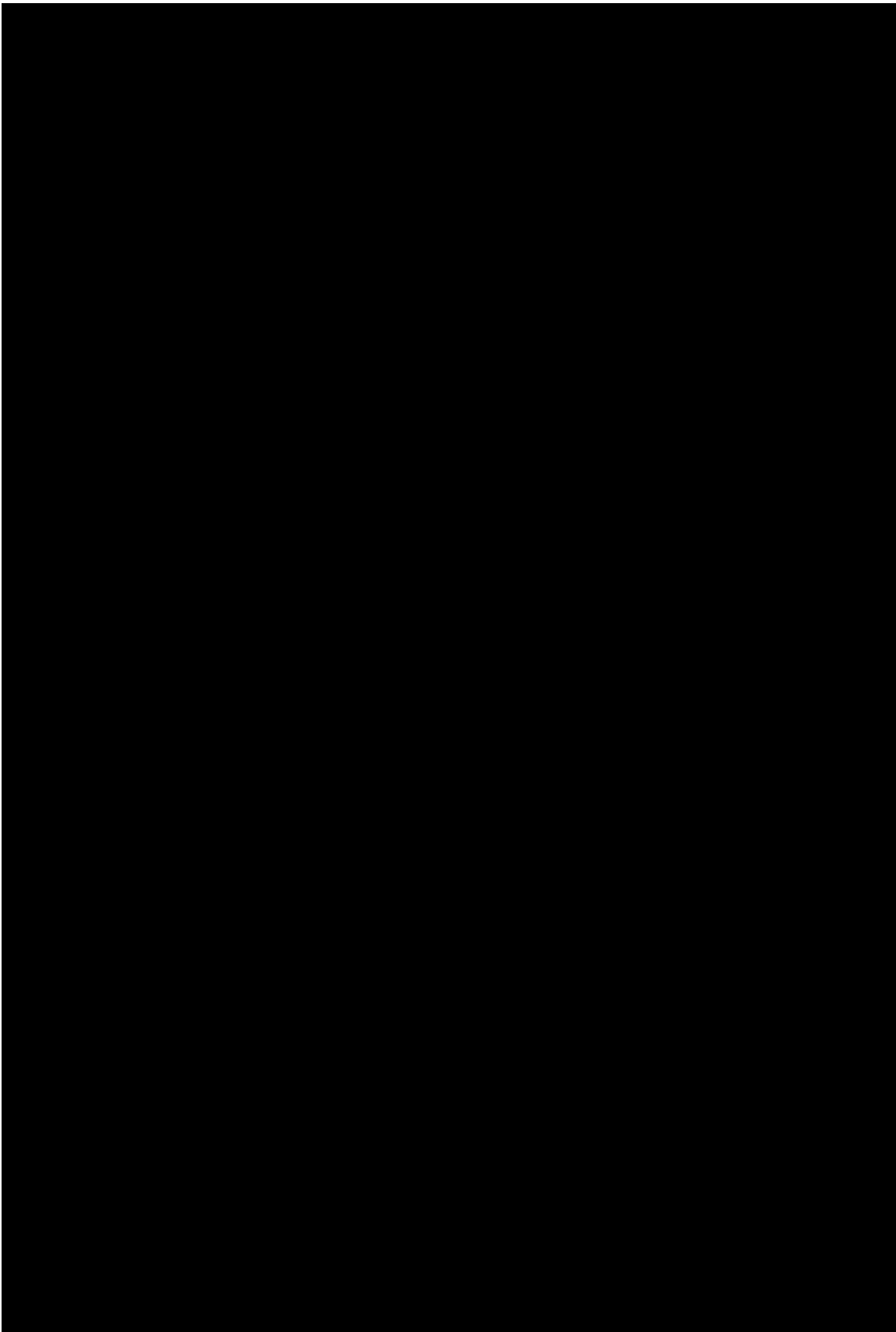
**Karen Menzies** 

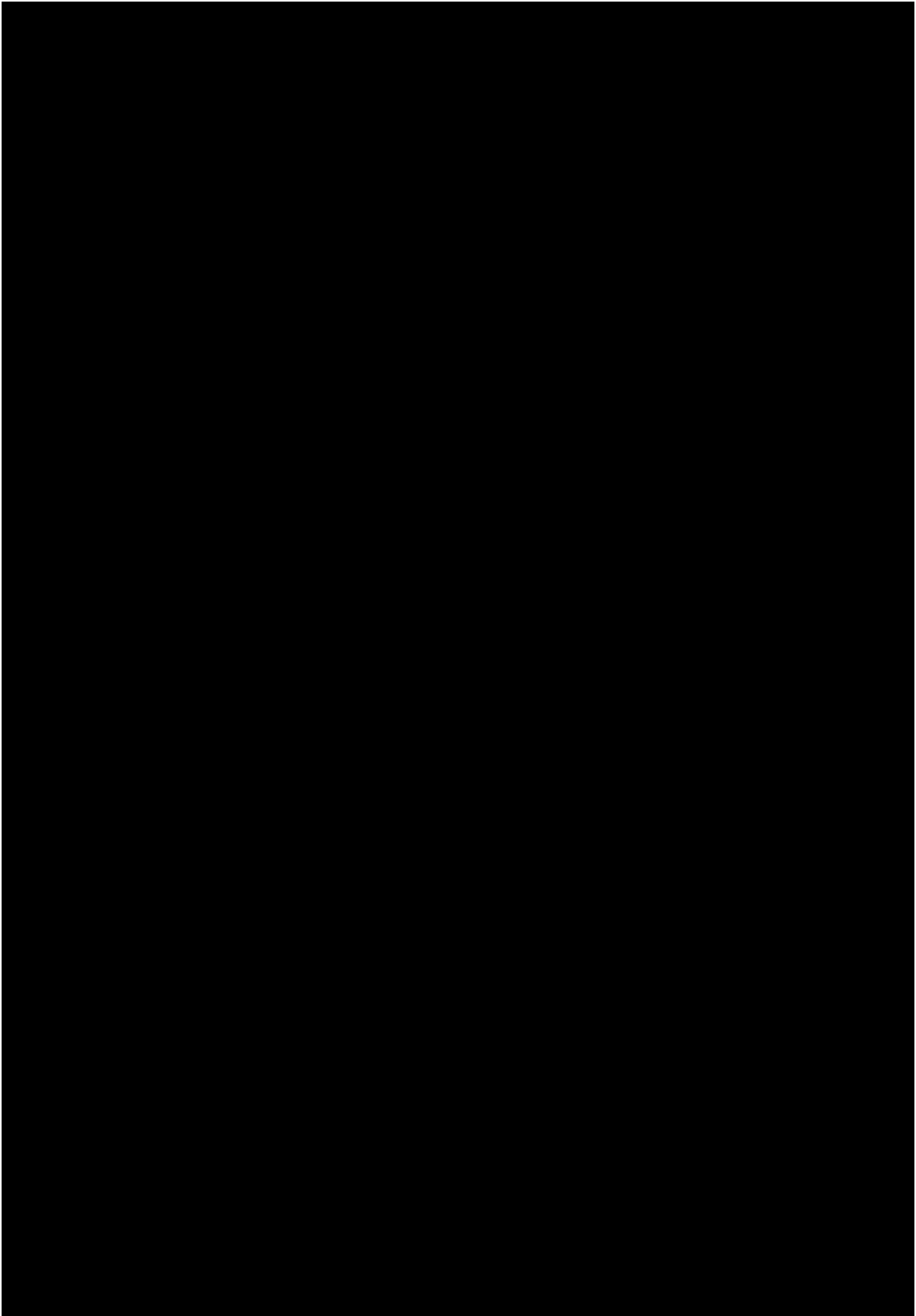
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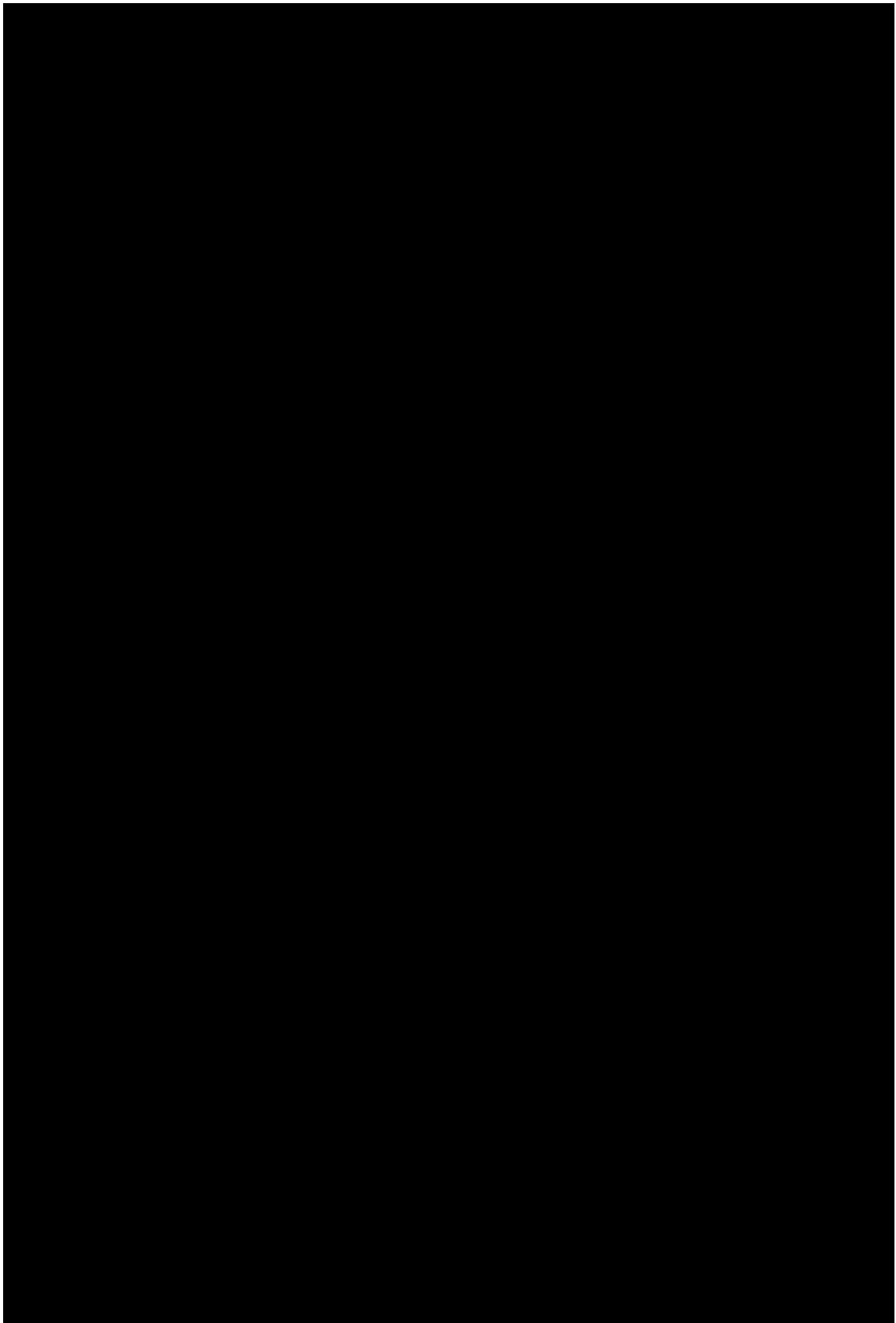


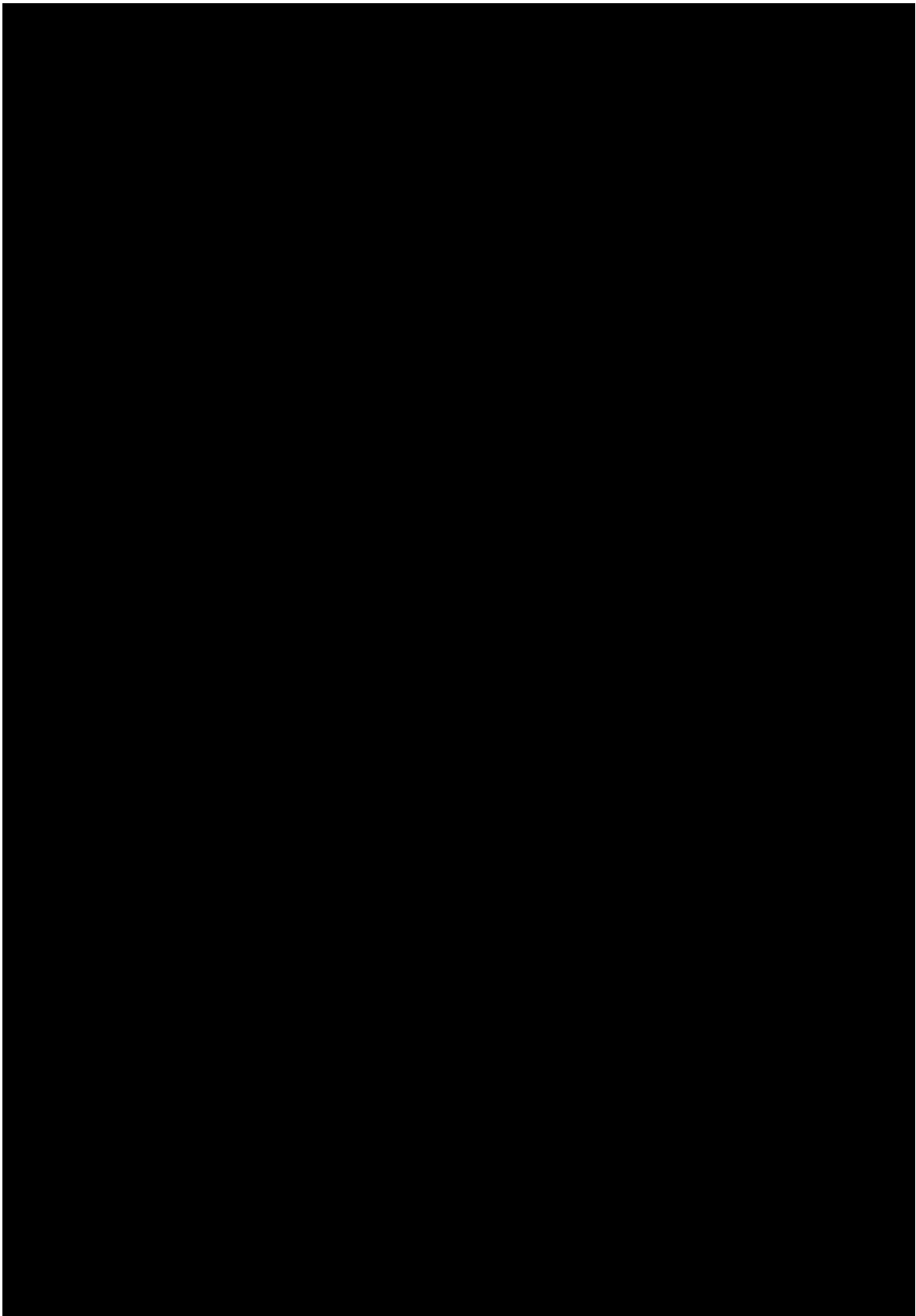


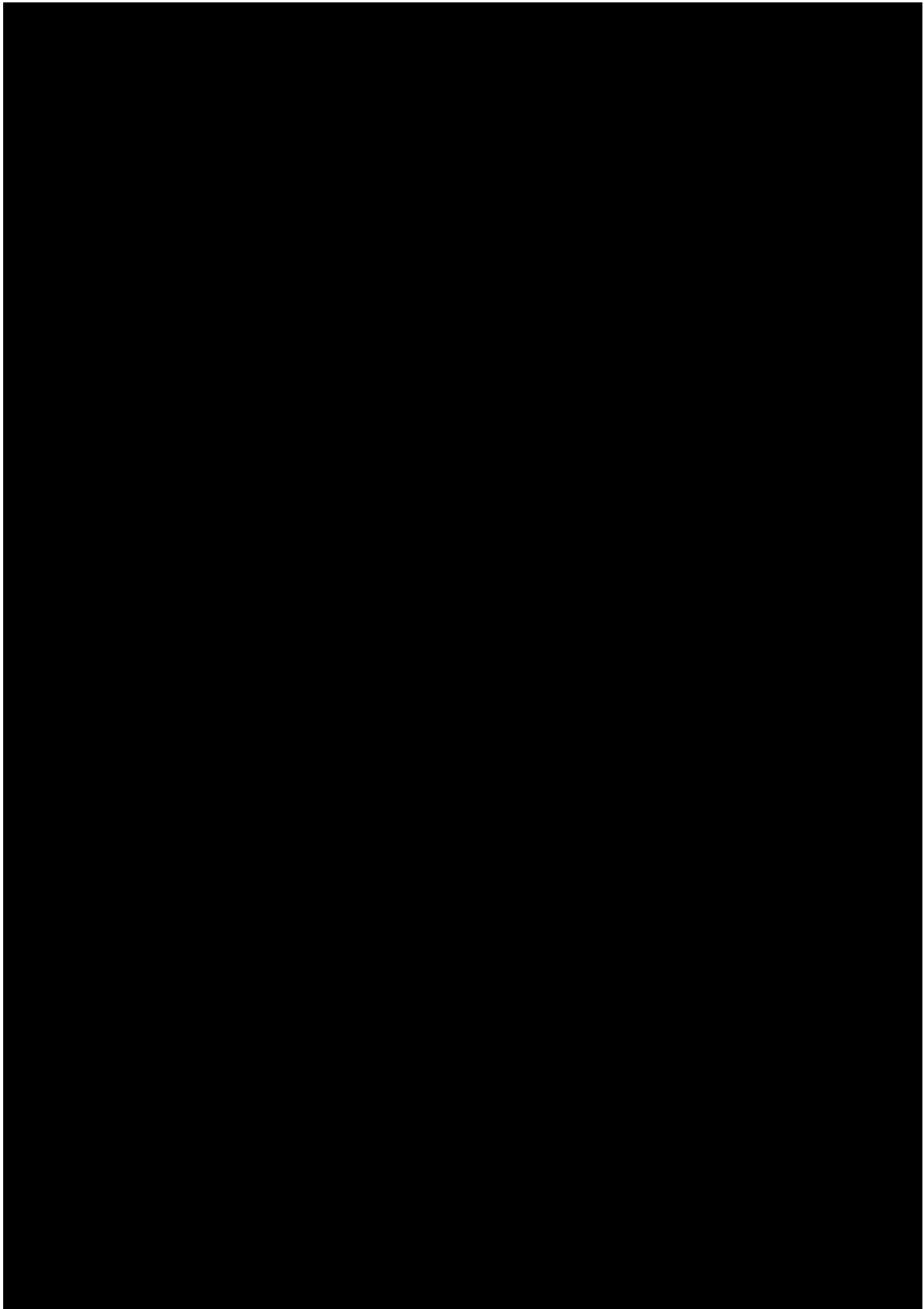


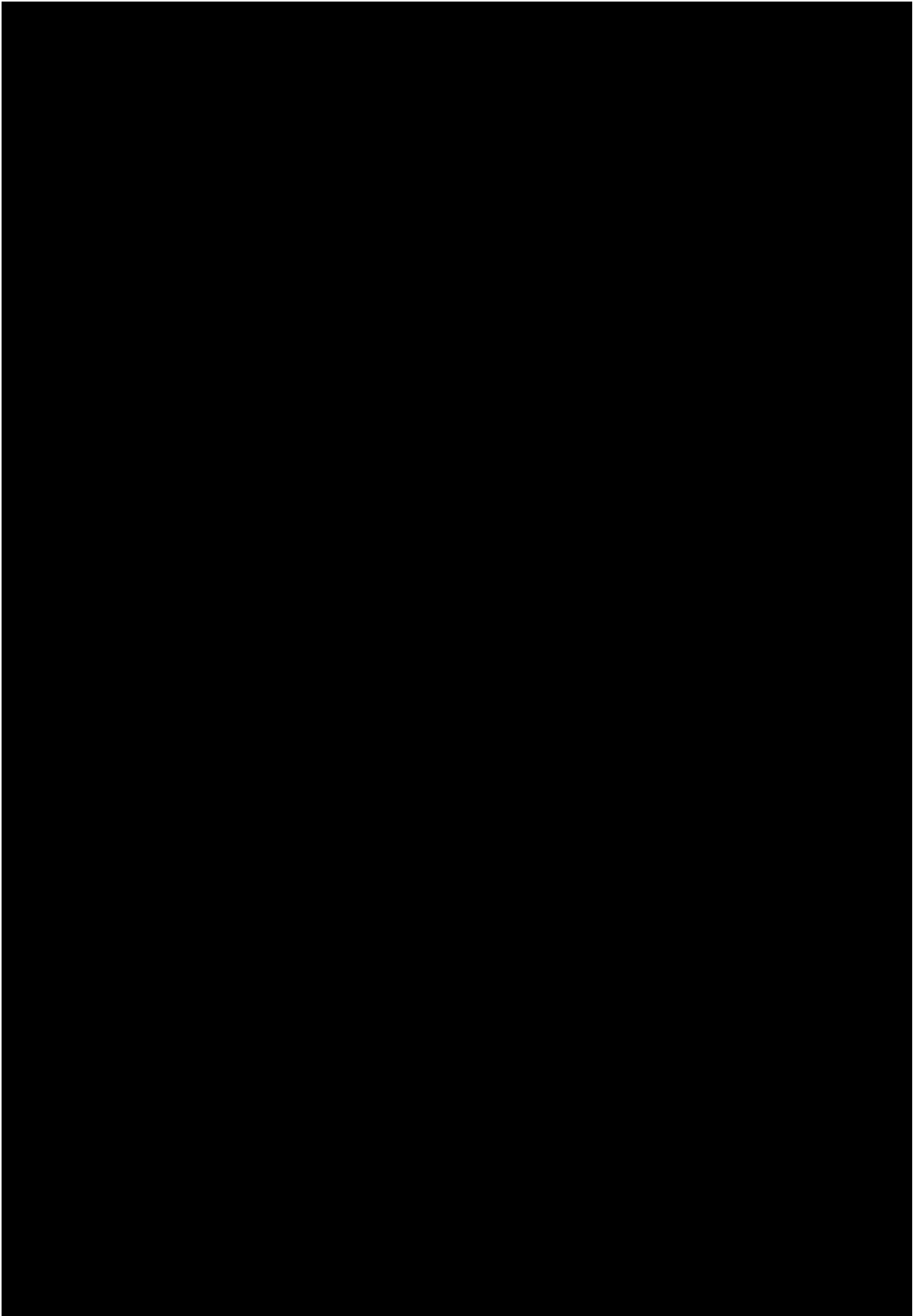




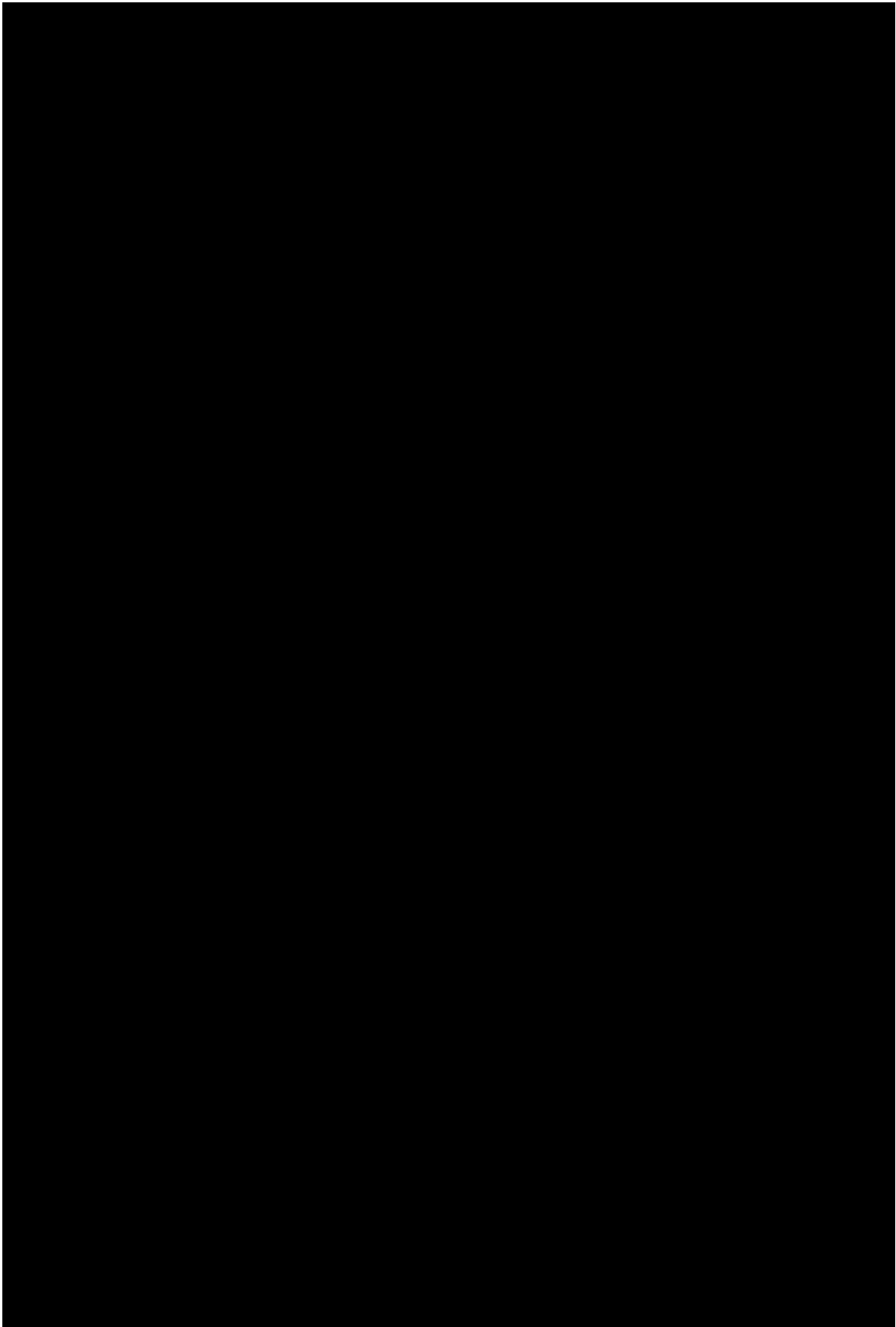




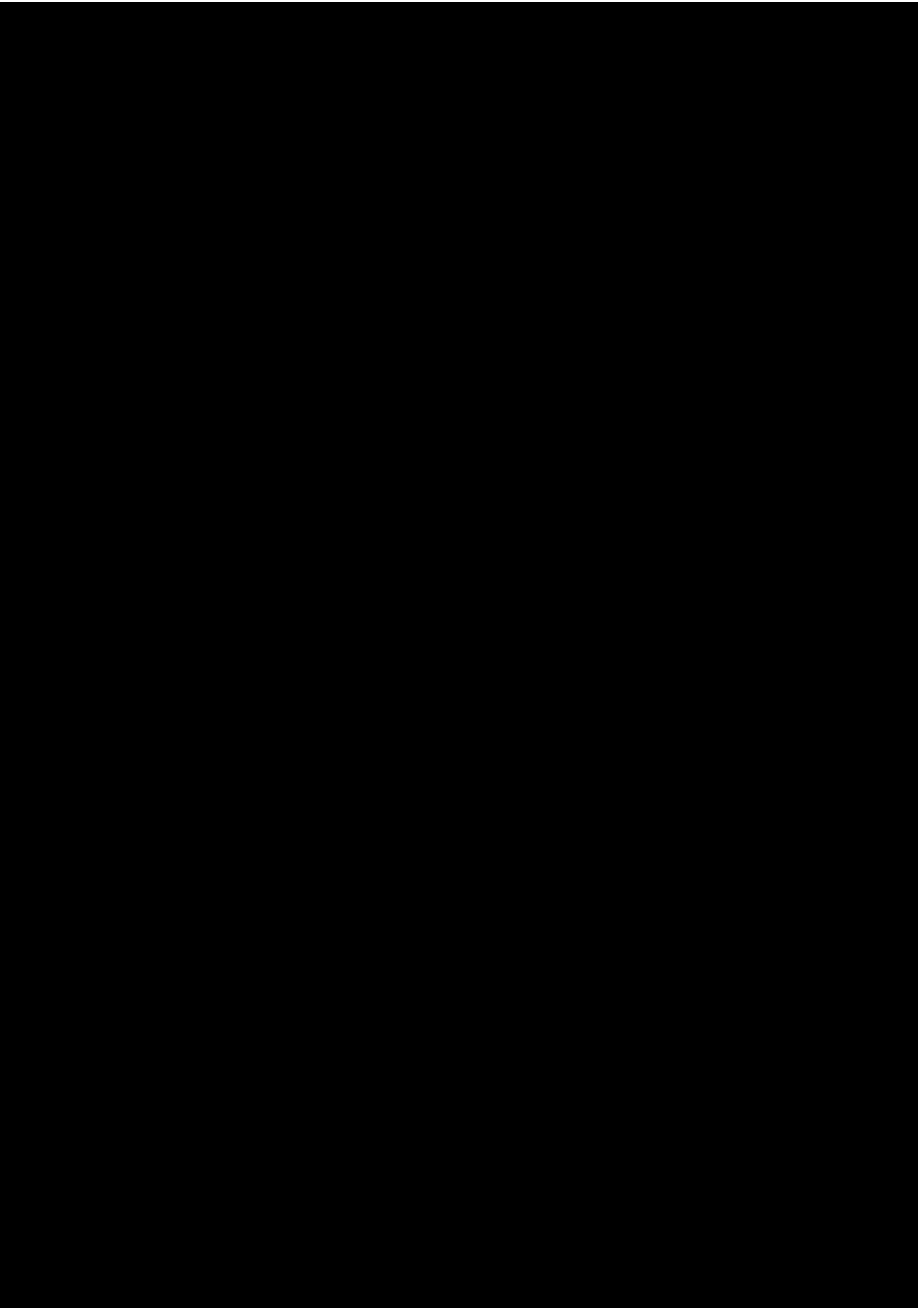


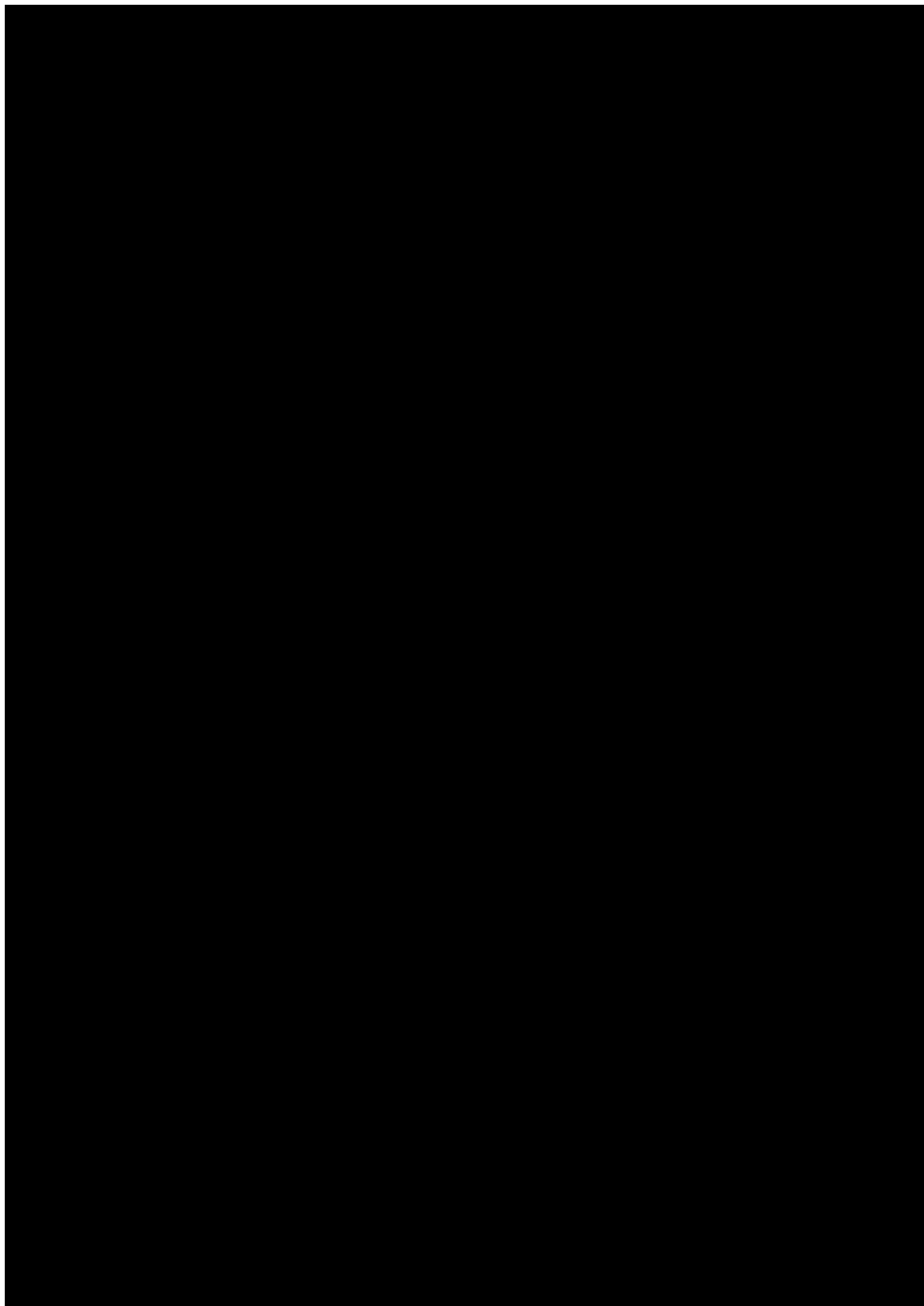












## **Chapter 5: Literature Review Three**

### **Beyond Public Acknowledgement to Action: The Role of Government in Supporting Recovery from Trauma for Indigenous People as a Result of Past Policies of Forcible Separation and Assimilation**

**Paper 3:** Menzies, K. (2019a). Beyond public acknowledgement to action: The role of government in supporting recovery from trauma for Indigenous people as a result of past policies of forcible separation and assimilation. *International Journal of Research and Innovation in Social Science (IJRISS)*, 3(I), 120-127.

*‘We failed to ask - how would I feel if this were done to me?’* (Keating, 1992)

#### **5.1 Purpose and Summary**

While former Prime Minister Kevin Rudd’s apology to the Stolen Generations was warmly received in 2008, the then Government and subsequent Federal Government responses since have not included reparations or financial compensation. Rather, the National Apology speech delivered by Rudd diverted the discussion toward the *Close the Gap* policy and ignored the issues regarding the Stolen Generations and the recommendations from the *Bringing Them Home Report*. The *Close the Gap Plan* announced with the apology has consistently fallen short of its targets (Commonwealth of Australian, 2020).

This chapter, titled, *Beyond Public Acknowledgement to Action: The Role of Government in Supporting Recovery from Trauma for Indigenous People as a Result of Past Policies of Forcible Separation and Assimilation*, discusses the importance of an apology in the process of healing from trauma, the place of reparations in a National Apology to Indigenous Australians, the international context of reparations to other First Nation peoples, the principles that guide reparation and financial compensation in cases where there has been a violation of international humanitarian law, and why Government efforts continue to fail in addressing Indigenous disadvantage.

The ‘basic principles and guidelines on the right to a remedy and reparation for victims of gross violations of international human rights law and serious violations of international humanitarian law’, otherwise known as the Van Boven principles, (Human Rights and Equal Opportunity Commission, 1997) is an internationally recognised instrument for formally and systematically redressing wrongs committed by one group against another. The National Inquiry used these principles and guidelines as the framework for recommendations to the Australian Federal, State and Territory Governments regarding making good a remedy to the Stolen Generations and making reparation for harm done. There is important symbology in reparations paid to groups who have been harmed in that it is a *public* acknowledgement and recognition that the survivor has been harmed. The public aspect of financially compensating for harm done, particularly on such a scale as the number of those affected by forcible removals, has an impact on the nation’s psyche and the nation’s narrative as discussed previously in chapter four. It is no longer possible to ignore, deny or minimize the harm caused to Indigenous Australians.

Public acknowledgement and apology requires that the oppressor accept full responsibility for having caused harm in the past. It requires immediately redressing current racist and oppressive laws, policies and practices. It provides an opportunity for healing to

happen and opens the door to the possibility of genuine reconciliation. The apparent failure of *Closing the Gap* was predictable because it was another imposed ‘solution’ by the oppressor on the oppressed. The real gaps between Indigenous and non-Indigenous people are fundamentally about self-determination and having a sense of agency. It is the difference between having a voice that is heard and one that is not, it is full participation at the decision-making table and it is self-Governance. Furthermore, there is a grave oversight in the Federal Government’s *Closing the Gap Report* because it does not address or locate the ‘causes of the causes’ (Marmot, 2016) such as collective, historical and intergenerational trauma as outlined in the previous two chapters. In fact, the 108 page *Closing the Gap Report* for 2020 does not contain the words ‘trauma’ or ‘social and emotional well-being’ (Commonwealth of Australian, 2020).

Although the term Stolen Generations has become part of the nation’s vernacular, there is still a gap between this as an historical fact and the genuine recognition of the very real and ongoing trauma and suffering that is the legacy of forcible separation and assimilation laws, policies and practices. The Federal Government’s dismal failure to apologise fully and award financial compensation to members of the Stolen Generations in accordance with the Van Boven principles reveal not only a lack of understanding and empathy towards the Indigenous population, but a severe inequity in how Indigenous and Non-Indigenous people are treated. This chapter provides examples of other traumatised individuals and groups that have been awarded financial compensation by the Federal Government.

There has been little movement in the national narrative that acknowledges the link between the catastrophic impact of European settlement on Indigenous people and culture, and the current deplorable state of Indigenous health and wellbeing. Had this connection been made, had the voices of Indigenous people really been heard, the post apology response

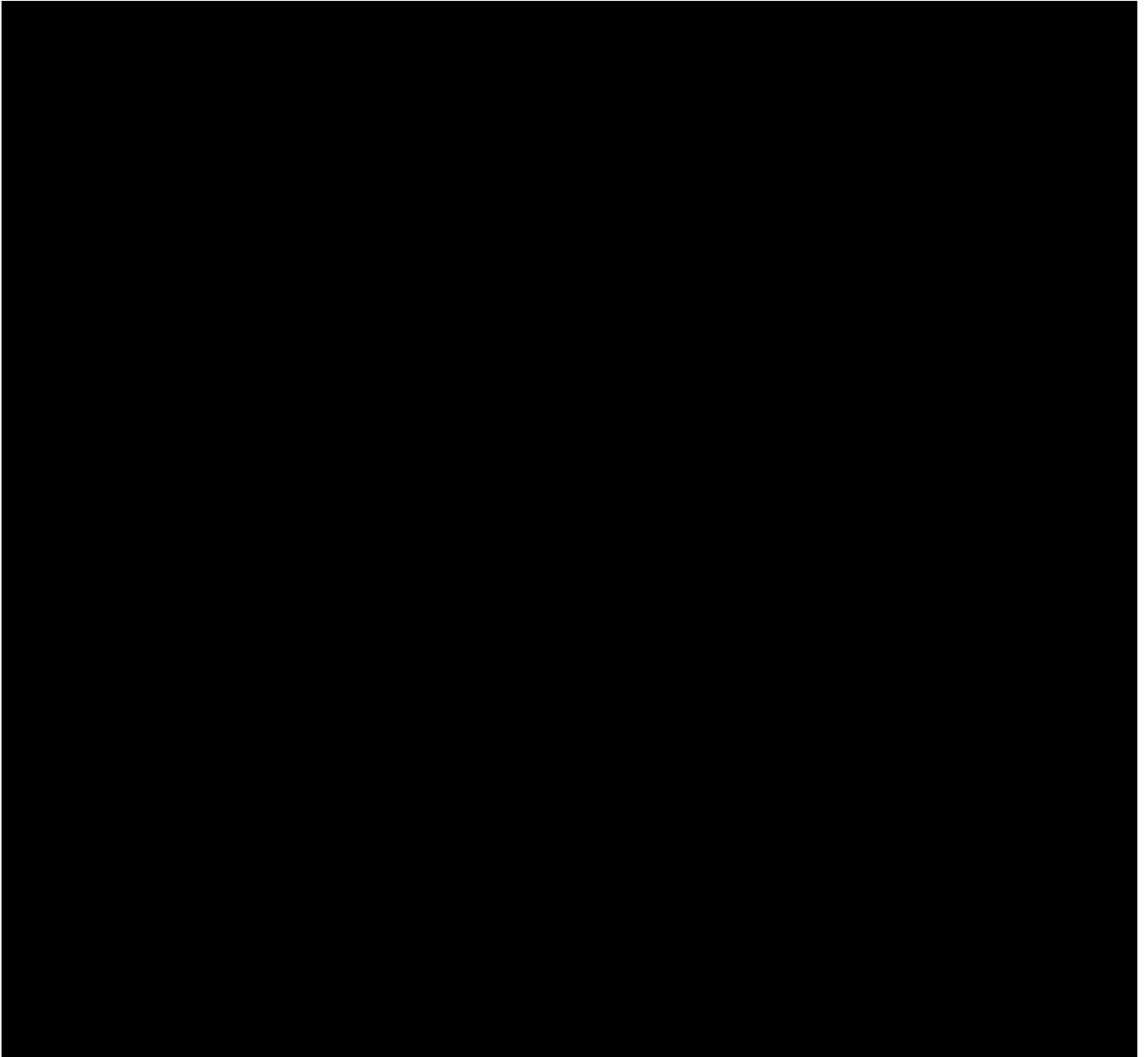
would have included a means to address the collective, historical and intergenerational trauma and reparations as per the Van Boven principles and guidelines.

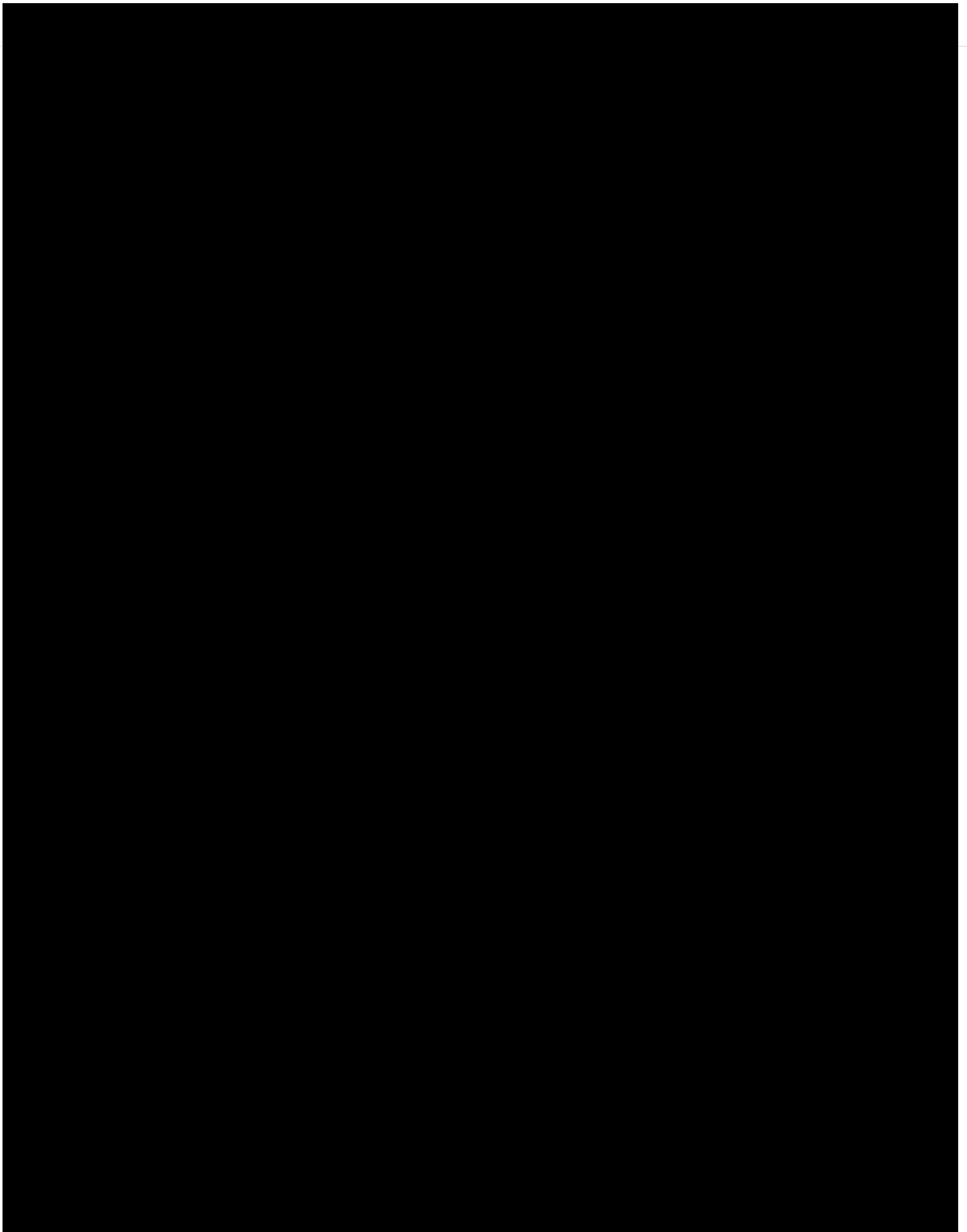
The next chapter, titled, *A new paradigm: Bringing a historical and socio-political trauma lens to the training of welfare practitioners working with Aboriginal families* provides a comprehensive overview of the recommended training curriculum and content for welfare practitioners working in the New South Wales child protection sector. The relevance of culturally responsive and trauma-informed child protection training is two-fold. Firstly, it recognises that forced separation and assimilation constitutes different types of trauma as outlined in chapter three and four. Secondly, the training is designed to improve the welfare practitioners' capacity to offer Indigenous children and families relevant trauma interventions thereby minimizing the risk of children being removed and avoiding the subsequent trauma that removing a child creates in an already traumatized and vulnerable people.

# Beyond Public Acknowledgement to Action: The Role of Government in Supporting Recovery from Trauma for Indigenous People as a Result of Past Policies of Forcible Separation and Assimilation

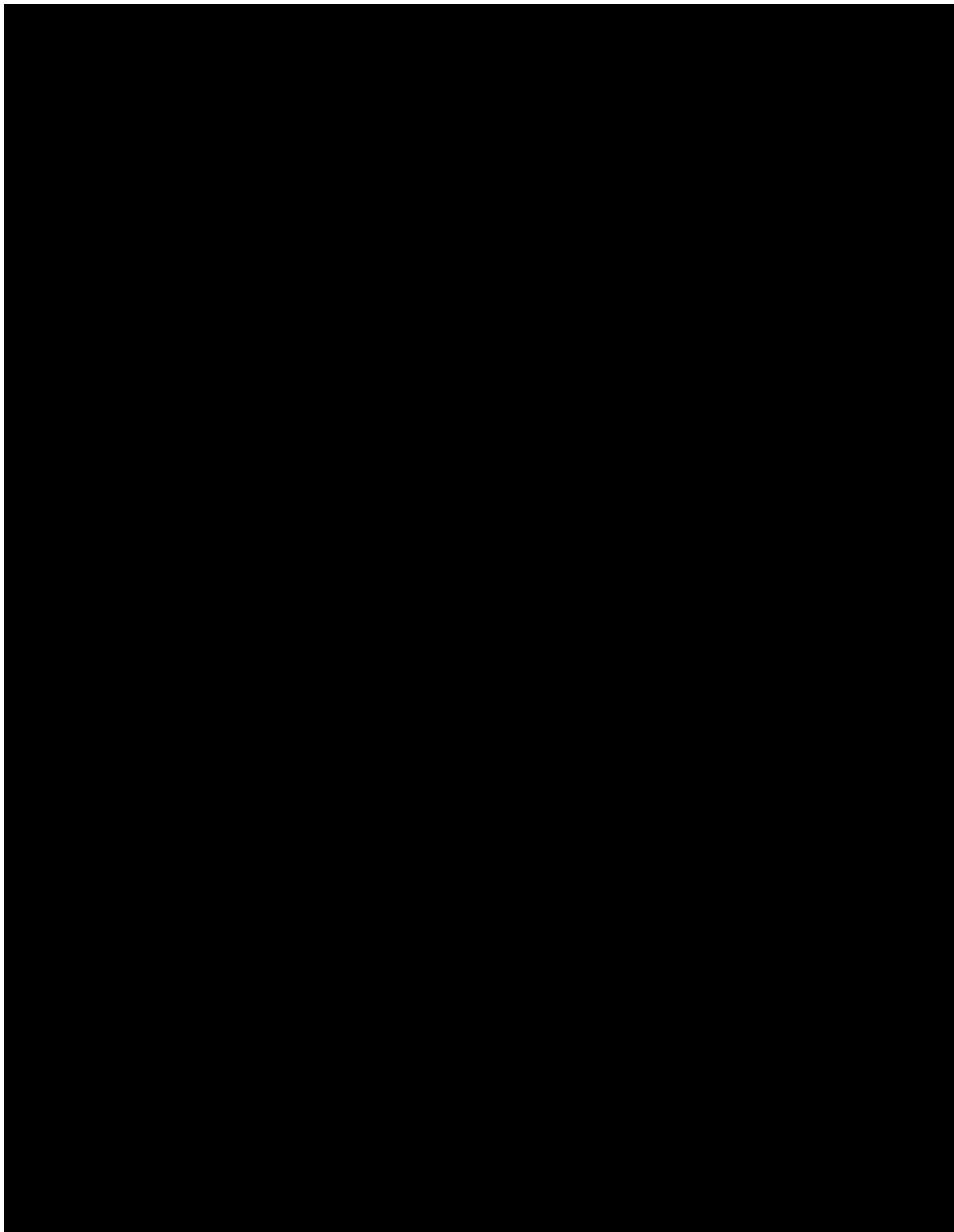
Karen Menzies

*University of Western Sydney, NSW, Australia*





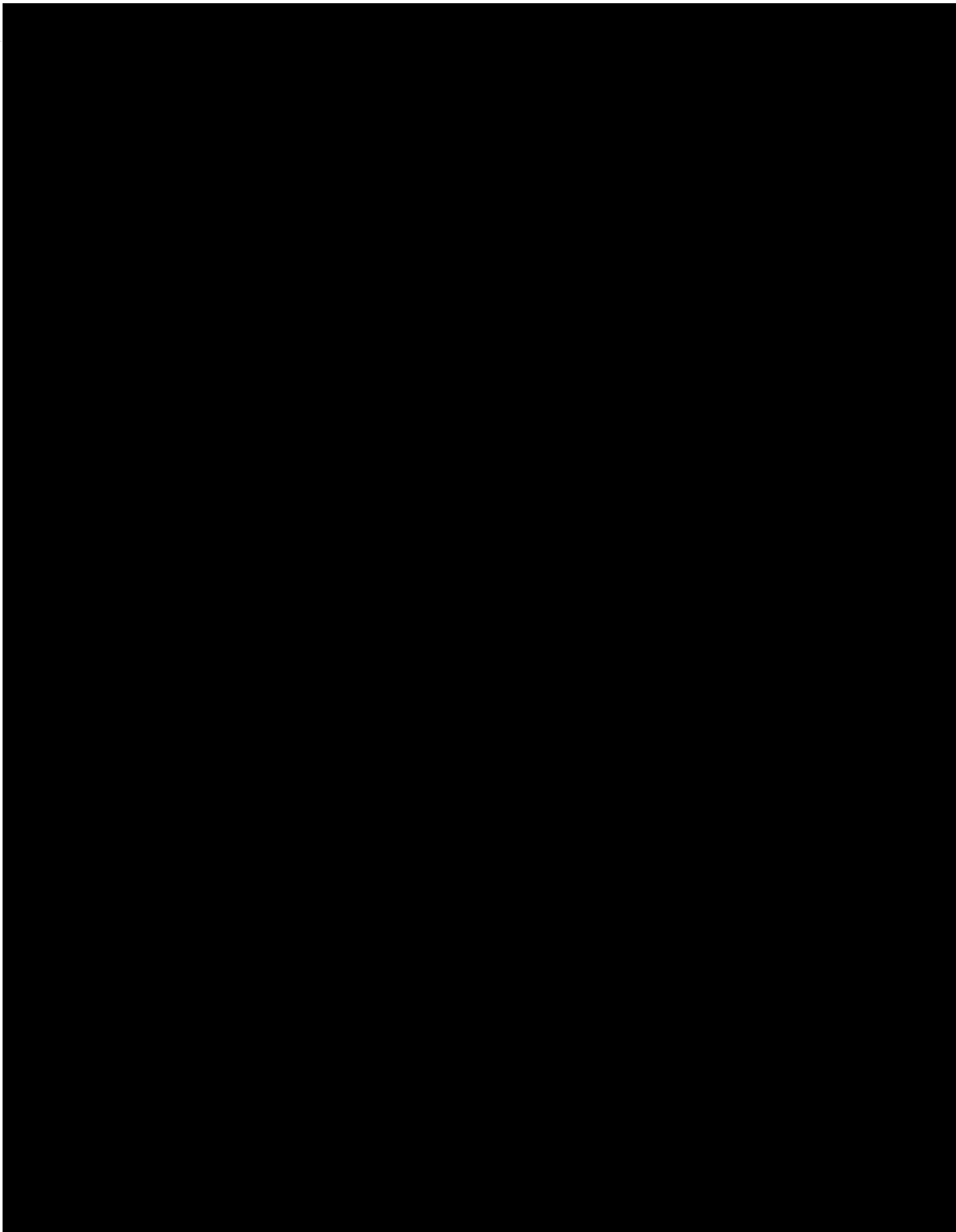




The first part of the paper discusses the importance of the research and the objectives of the study. It then proceeds to a literature review, highlighting the key findings of previous studies in this field. The methodology section describes the research design, data collection methods, and the statistical analysis used. The results section presents the findings of the study, and the discussion section interprets these findings in the context of the research objectives. Finally, the conclusion summarizes the main points of the paper and suggests areas for future research.

The research was conducted in a systematic and rigorous manner, following the principles of good research practice. The data was collected from a representative sample of the population, and the analysis was conducted using appropriate statistical techniques. The results of the study are presented in a clear and concise manner, and the discussion provides a thorough interpretation of the findings. The conclusion highlights the significance of the research and the need for further investigation in this area.

The findings of this study have important implications for the field of research. They provide valuable insights into the relationship between the variables under investigation and suggest practical applications for the results. The study also identifies the limitations of the research and offers suggestions for future work. Overall, the paper contributes to the understanding of the topic and provides a solid foundation for further research.



The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The methodology section describes the research design and the data collection process. The results section presents the findings of the study, and the conclusion section summarizes the main findings and provides recommendations for future research.

The study was conducted in a laboratory setting, and the data was collected using a series of experiments. The results of the experiments were analyzed using statistical methods, and the findings were compared with the results of previous studies. The study found that the research objectives were achieved, and the results were consistent with the findings of previous research.

The study has several limitations, including the small sample size and the lack of external validity. However, the study provides valuable insights into the research topic and contributes to the existing knowledge in the field.

In conclusion, the study found that the research objectives were achieved, and the results were consistent with the findings of previous research. The study provides valuable insights into the research topic and contributes to the existing knowledge in the field.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.5 billion (United Nations, 1999). The number of people aged 65 and over is projected to increase to 1.1 billion by the year 2050 (United Nations, 1999).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The World Health Organization (WHO) has developed a 'Global Strategy on Ageing and Health' (WHO, 1999) which aims to 'enable older people to live longer, healthier, and more active lives'. The WHO strategy is based on three pillars: 'active ageing', 'healthy ageing', and 'longevity'. Active ageing is defined as 'the process of developing and maintaining the functional abilities that enable people to participate in society'. Healthy ageing is defined as 'the process of maintaining the health of older people'. Longevity is defined as 'the process of extending the life expectancy of older people'.

The WHO strategy is based on the principle that 'older people should be able to live longer, healthier, and more active lives'. This principle is reflected in the WHO strategy's focus on 'active ageing', 'healthy ageing', and 'longevity'. The WHO strategy is based on the principle that 'older people should be able to live longer, healthier, and more active lives'. This principle is reflected in the WHO strategy's focus on 'active ageing', 'healthy ageing', and 'longevity'.

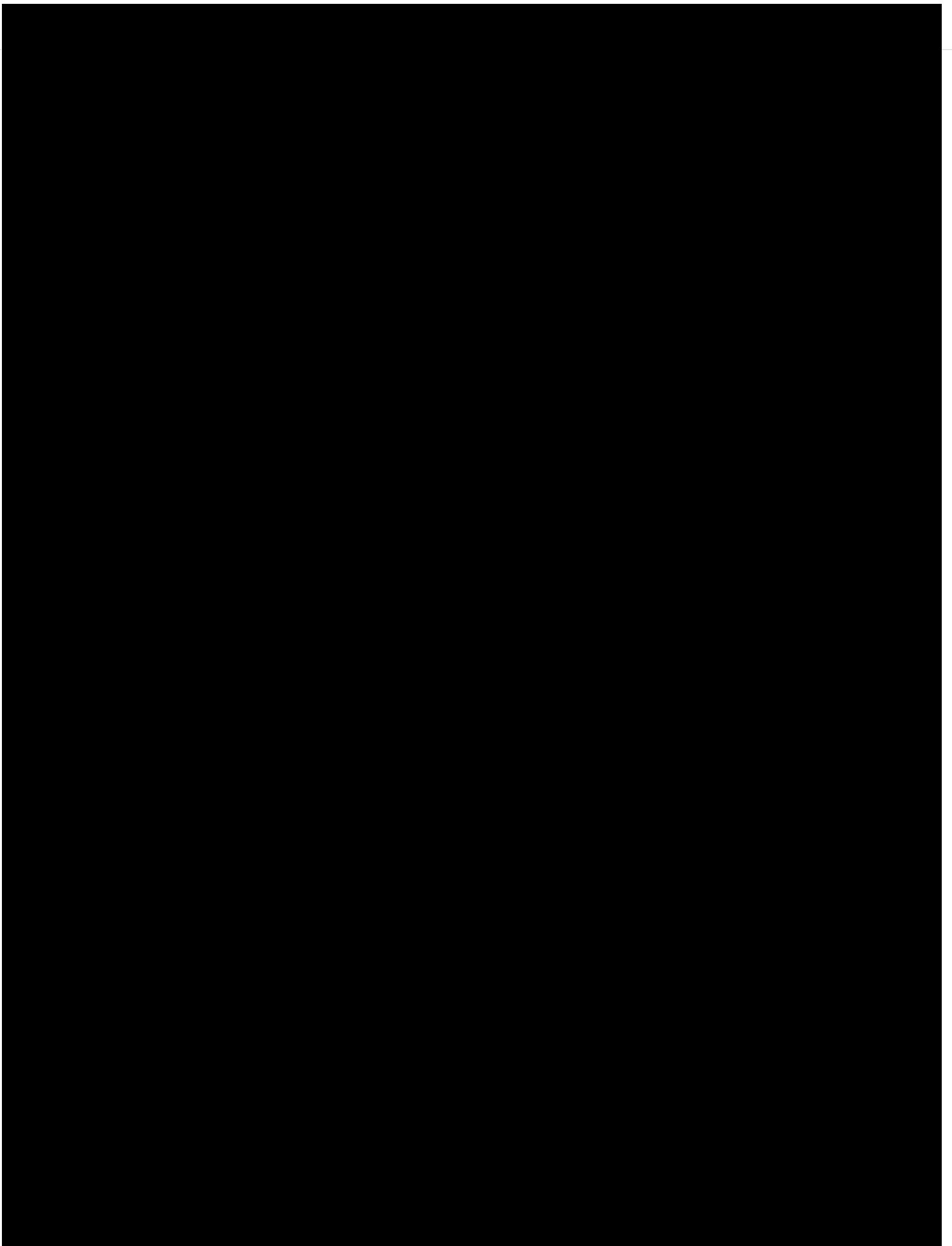
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## **Chapter 6: Training Curriculum and Content**

### **A new Paradigm: Bringing a Historical and Socio-Political Trauma Lens to the Training of Welfare Practitioners Working with Aboriginal Families**

**Paper 4:** Menzies K. (2020). A new paradigm: Bringing a historical and sociopolitical trauma lens to the training for welfare practitioners working with Aboriginal families. *Child & Society*, 00:1–16. <https://doi.org/10.1111/chso.12375>.

*‘Education does not change the world. Education changes people. People change the world.’*  
(Freire, 1972)

#### **6.1 Purpose and Summary**

Culturally aware staff are considered an integral part of human service organizations, and cultural awareness training is part of the mandatory training required by statutory and non-statutory child protection agencies either at entry level or in-service. However, cultural awareness training is not standardized and how the term, ‘cultural awareness’ is interpreted by individuals varies widely. For some, cultural awareness training may amount to a brief overview of the food, music and local Indigenous cultural practices. For others it may include a deeper analysis of Indigenous people’s lived experiences within colonial Australia along with a celebration of the rich diversity of culture that exists in each Indigenous community. Traditionally, cultural awareness training has not included the history of assimilation policies

and practices or information that links Australia's colonial past collective, historical and intergenerational trauma or how trauma is expressed in Indigenous people and communities as outlined in the literature review section in chapters three and four of this thesis. Morrison and colleagues (Morrison, Rigney, Hattam, & Diplock, 2019) argue that training programs on cultural awareness and cultural competence 'fail to address or challenge socio-political inequalities at structural, institutional and interpersonal levels' (p. 53).

This chapter, titled, *A new paradigm: Bringing a historical and socio-political trauma lens to the training of welfare practitioners working with Aboriginal families*, argues that training that does not include socio-political inequalities does a grave disservice to both practitioners and ultimately Indigenous Australians, as it does not convey the fundamental tenet that unless their practice is informed by trauma theories and they employ a trauma-informed approach at all stages of their work with Indigenous children and families from intake processes, initial assessment and intervention through to case closure, practitioners are at risk of continuing oppressive practices and perpetuating trauma. This chapter outlines vocational training for welfare practitioners working with Indigenous children and families covering three essential components: past forcible separation and assimilation laws, policies and practices; current child protection legislation; trauma theories and the impact of trauma.

As the Closing the Gap initiative fails in both reaching most of its key targets and in recognising and addressing trauma, similarly, without an appropriate trauma model, welfare practitioners run the risk of missing the central point when working with Indigenous families because they may misattribute key indicators of trauma as individual cultural or racial shortcomings. Without the use of a trauma lens to guide their child protection work, welfare practitioners are likely to make under-informed decisions bringing their cultural bias unchecked to assessments and interventions with Indigenous children and families. This cultural bias in decision-making manifests in higher rates of Indigenous child removals,



especially for neglect (Davis, 2019). This reason for removal has been criticised as reflecting the cultural differences in family values and norms in child rearing practices between dominant non-Indigenous welfare practitioners and Indigenous clients.

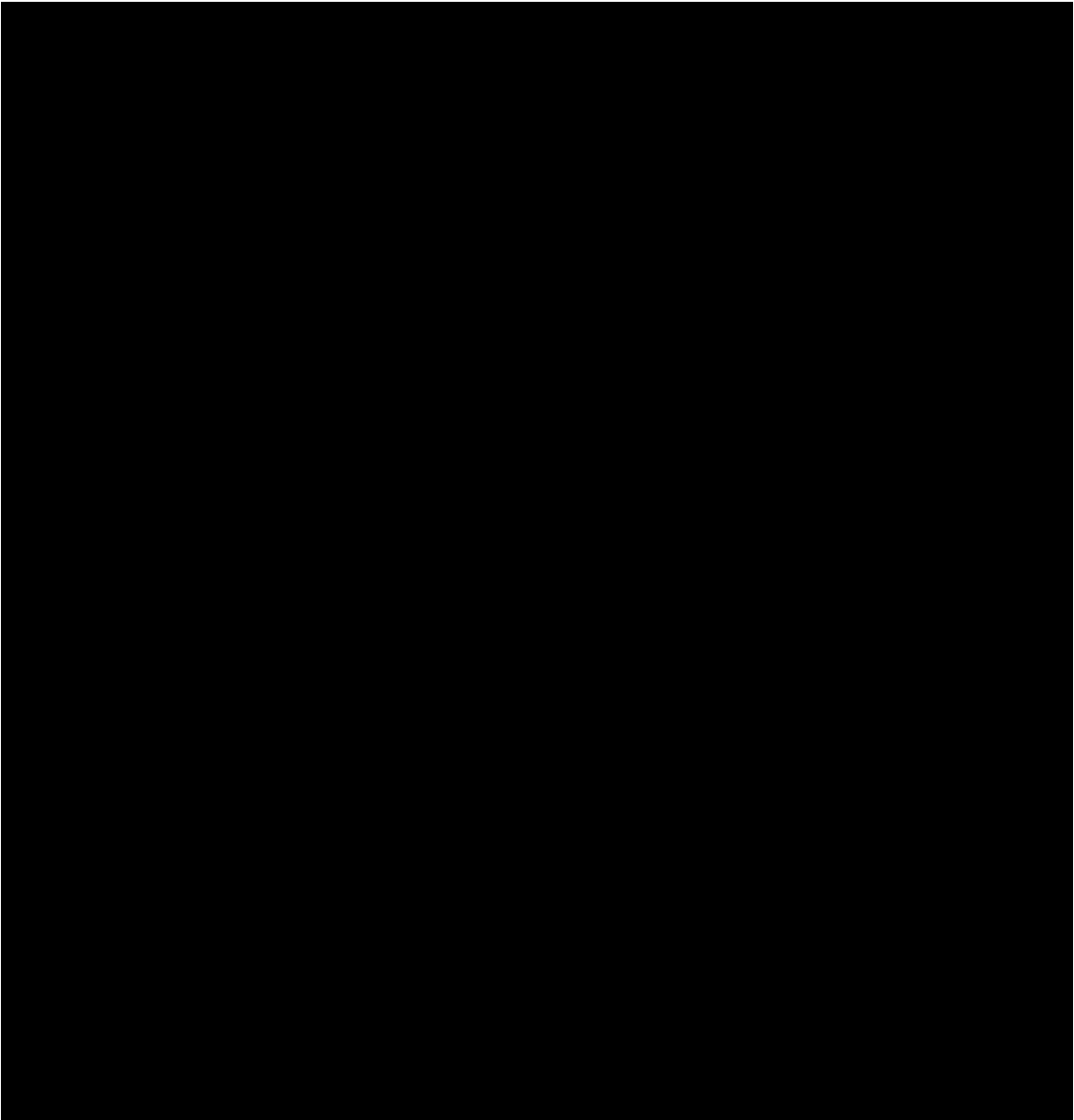
Chapter seven titled, *The Efficacy of a Child Protection Program Focused on the Socio-Historical Welfare Context and Intergenerational Trauma Aboriginal Families* discusses the findings from a pre and post training survey and explores the quantitative and some qualitative responses for Part One of this research study. The results from the training course found that participants increased their knowledge of the historical and socio-political context that underpinned past child welfare practice and policy as this related to Australian Indigenous children and families, as well as greater knowledge of trauma and how these experiences manifest at an individual and community level.



**ORIGINAL ARTICLE**

# **A new paradigm: Bringing a historical and sociopolitical trauma lens to the training for welfare practitioners working with Aboriginal families**

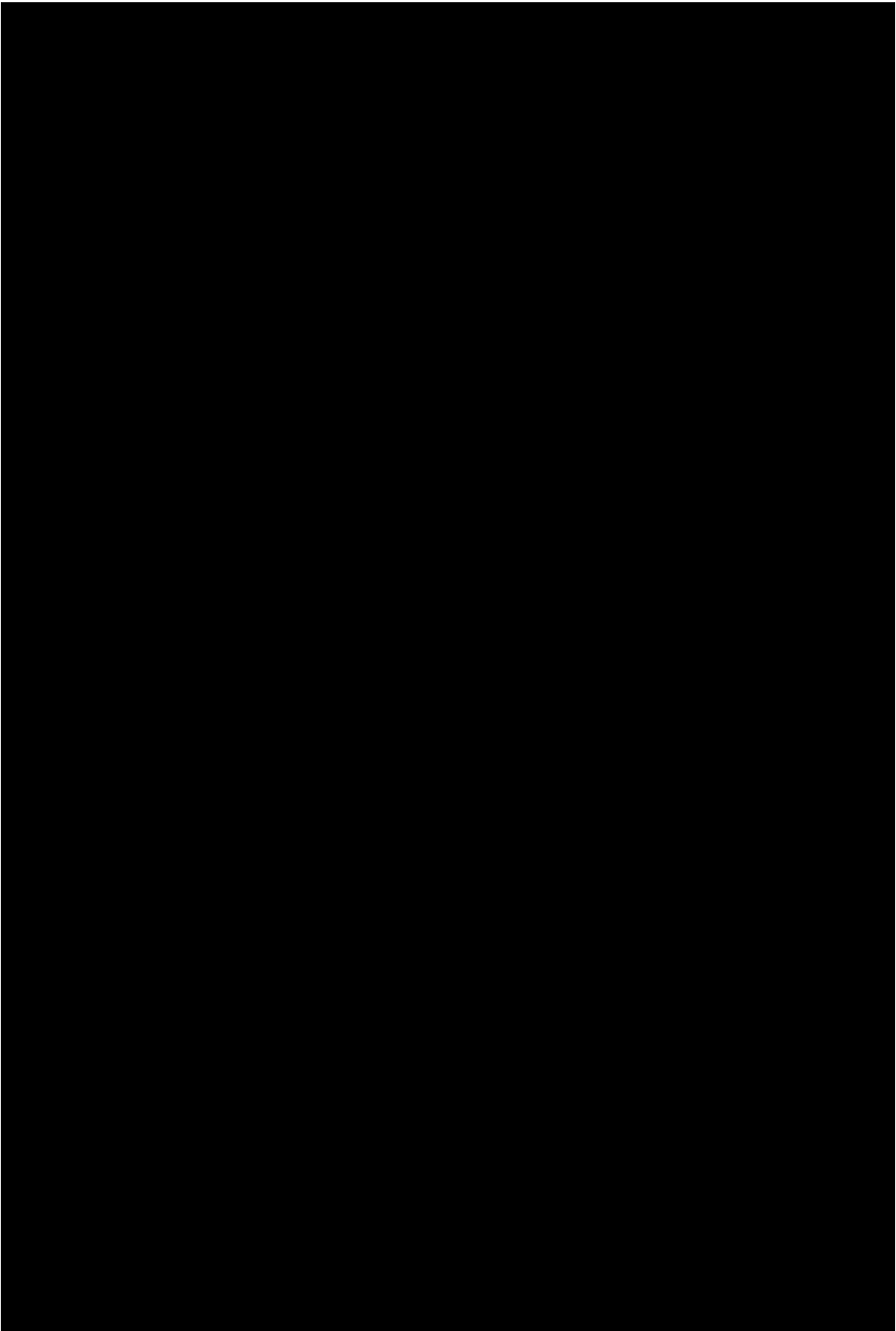
**Karen Menzies<sup>1,2</sup>** 

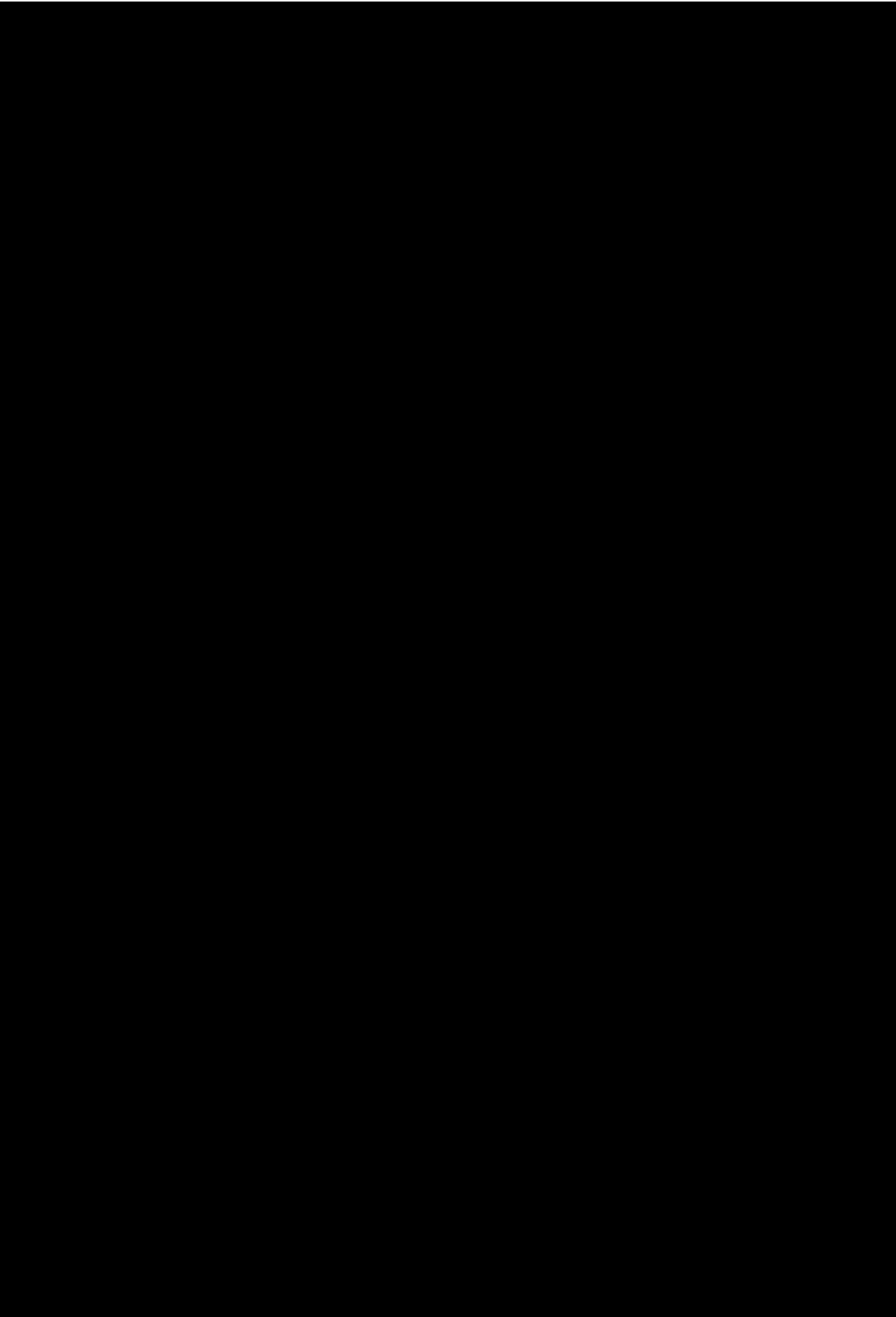


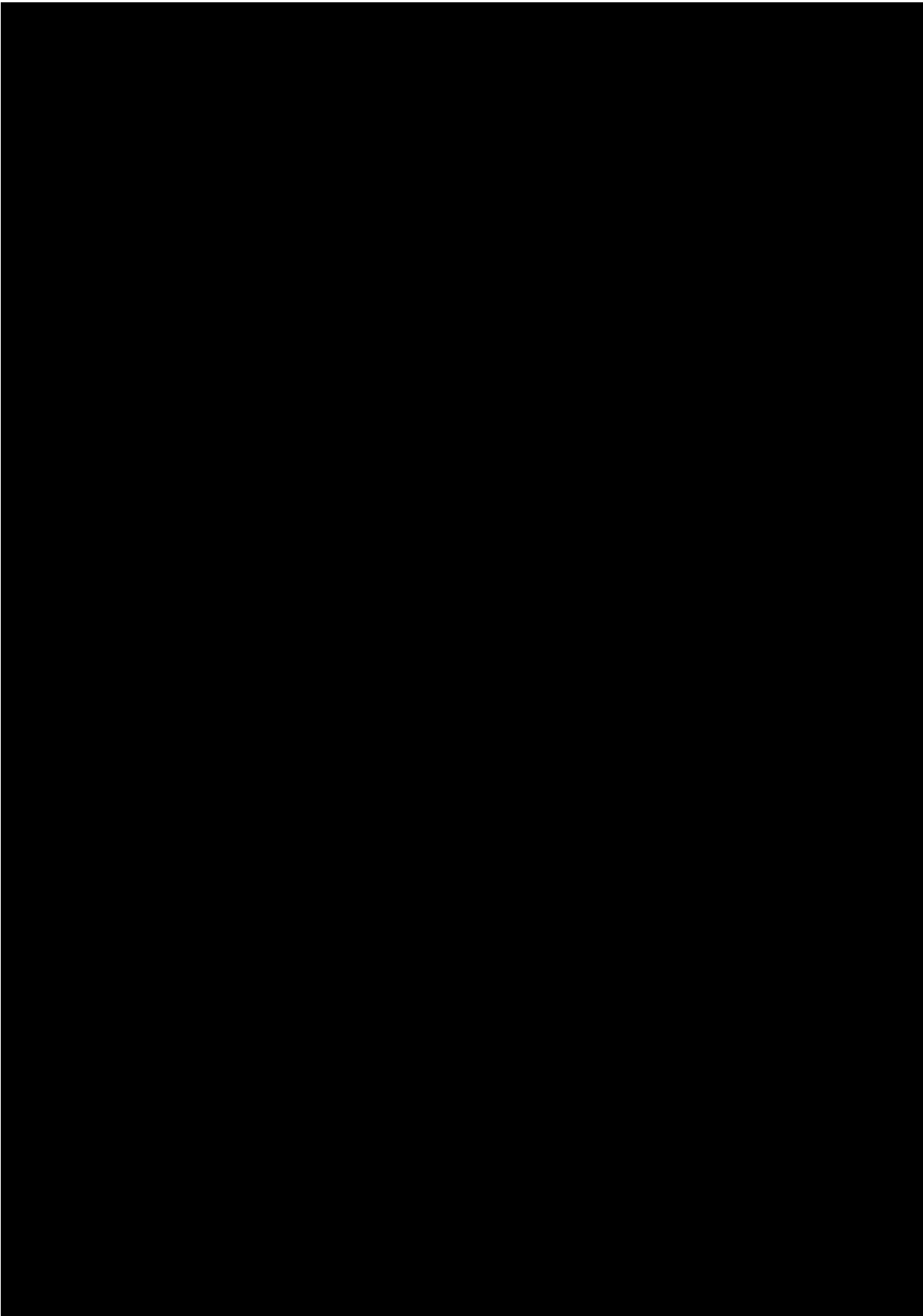






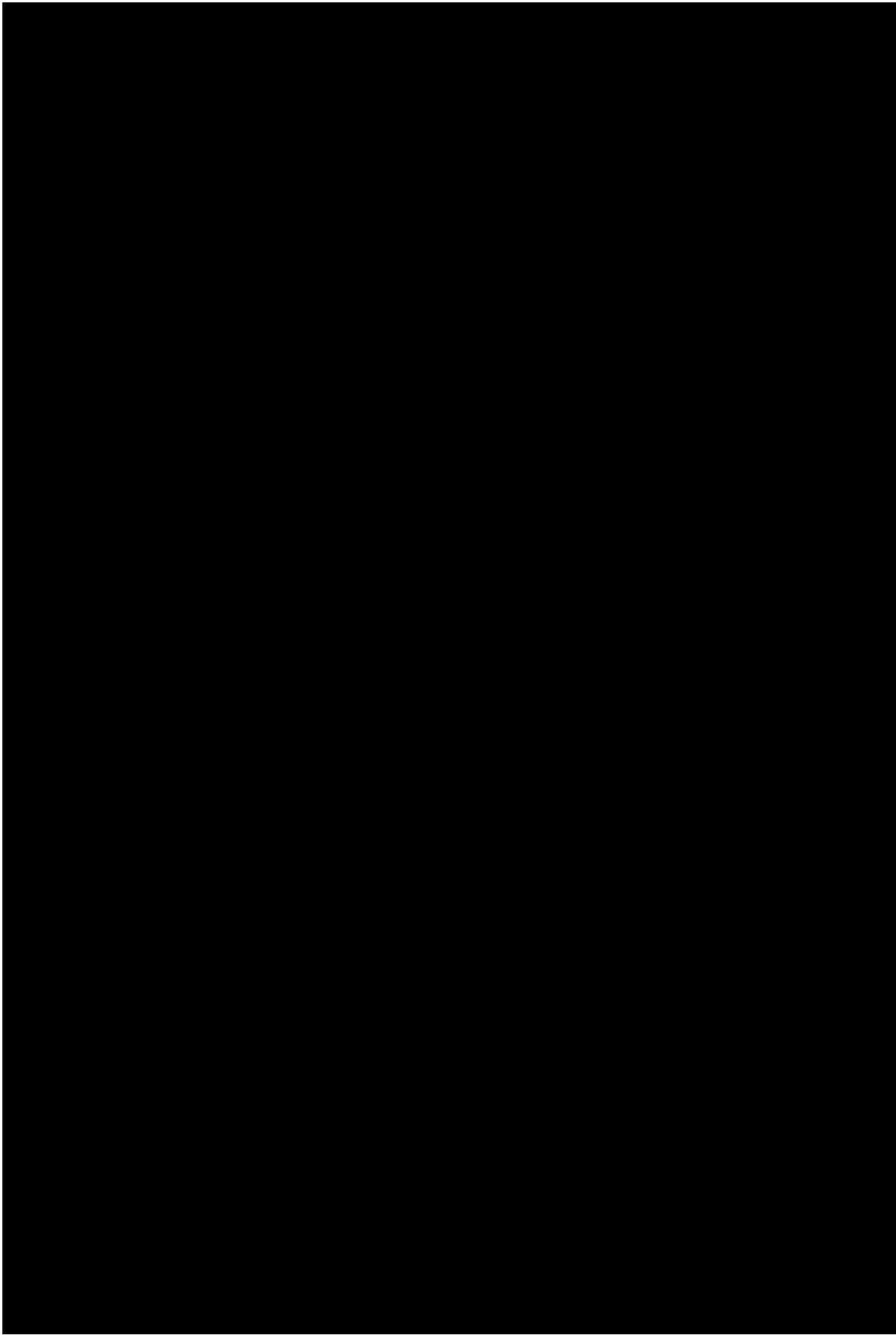


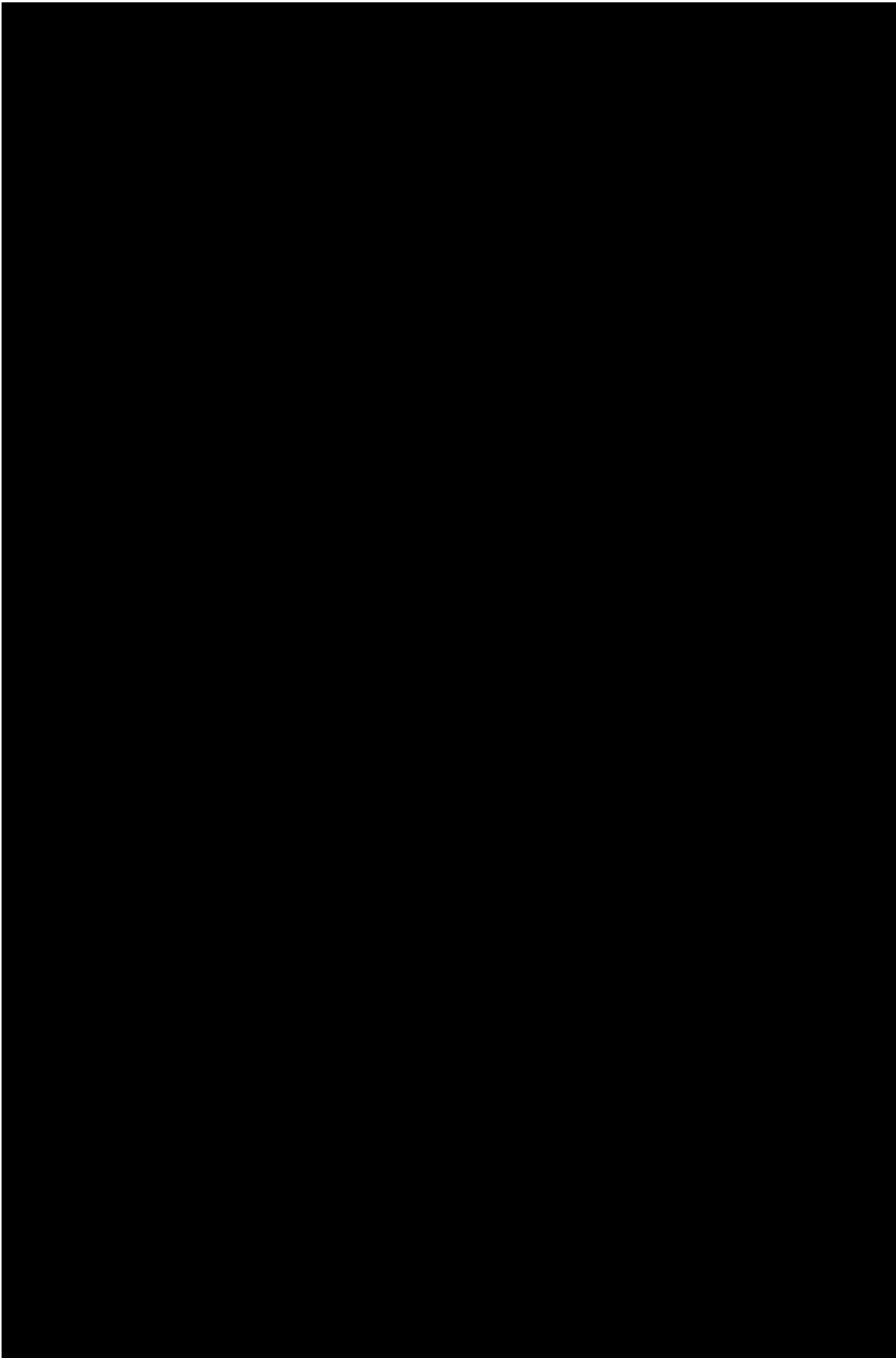


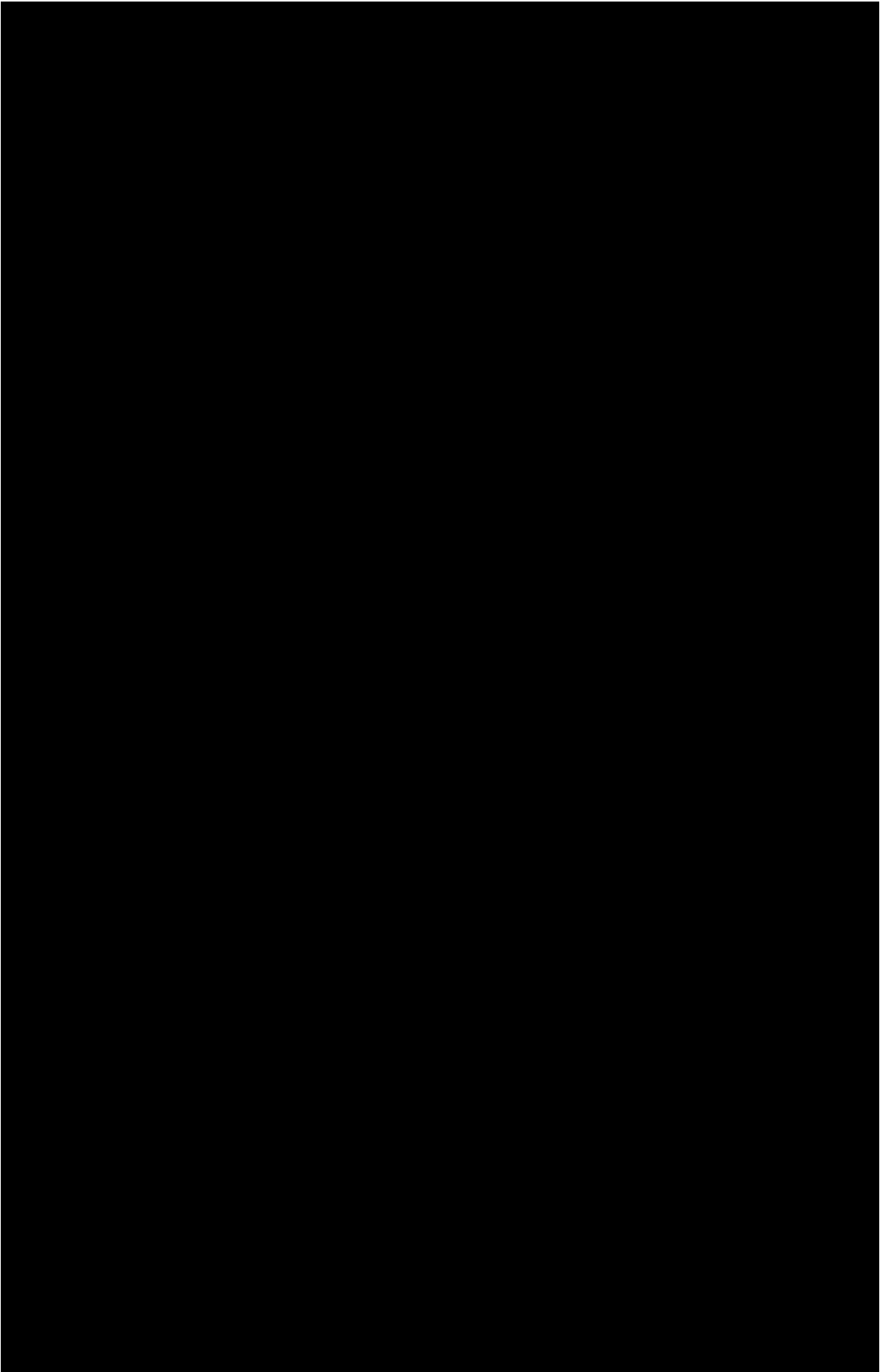




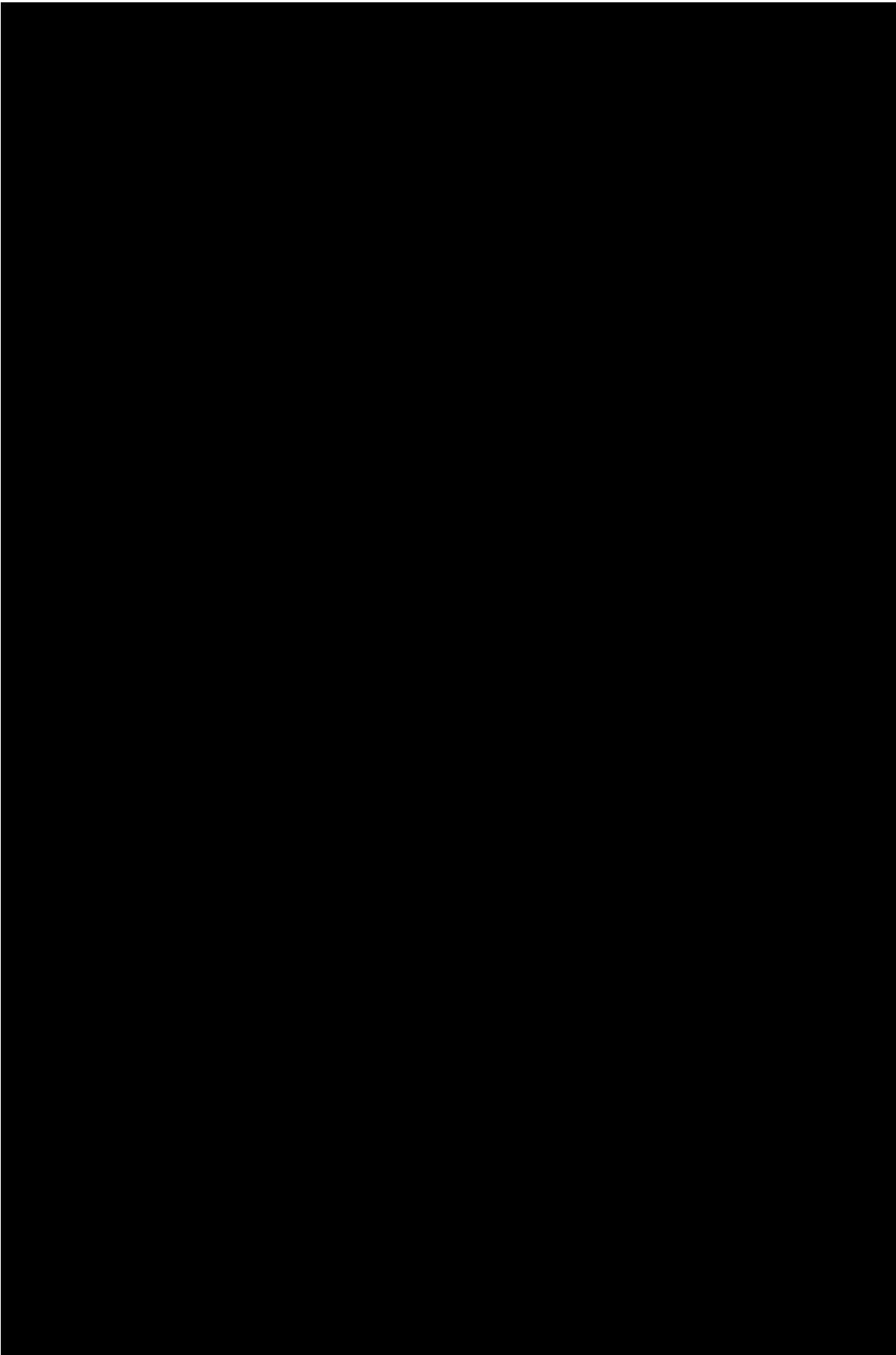


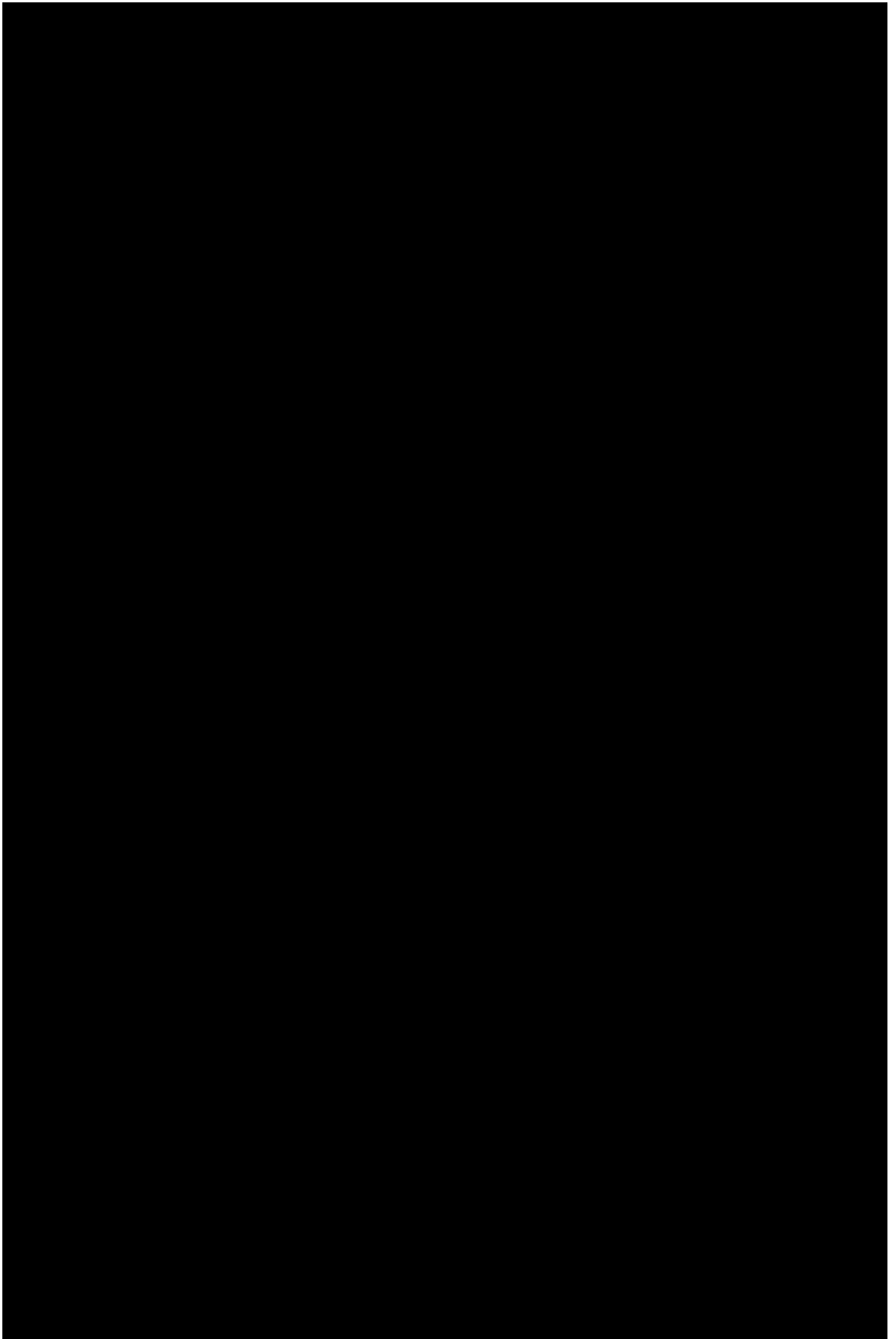


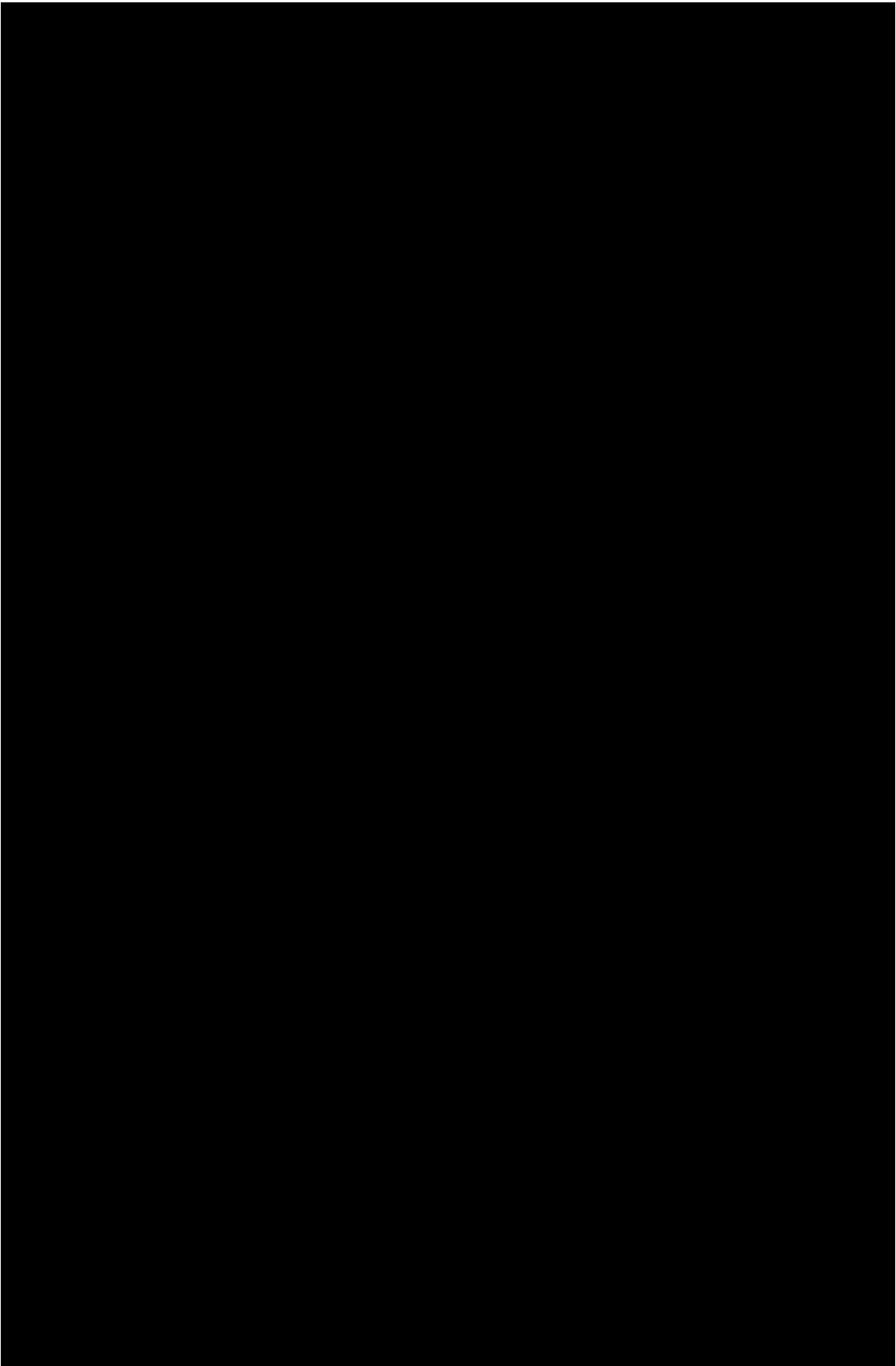














**How to cite this article:** Menzies K. A new paradigm: Bringing a historical and sociopolitical trauma lens to the training for welfare practitioners working with Aboriginal families. *Child Soc.* 2020;00:1–16. <https://doi.org/10.1111/chso.12375>

## **Chapter 7: Research Study, Part One**

# **The Efficacy of a Child Protection Training Program Focused on the Socio-Historical Welfare Context and Intergenerational Trauma for Aboriginal Families: Findings from a Pre and Post Training Survey**

**Paper 5:** Menzies, K., & Grace, R. (2020). The Efficacy of a Child Protection Training Program on the Historical Welfare Context and Aboriginal Trauma, Australian Social Work. *Australian Social Work Journal*. DOI: 10.1080/0312407X.2020.1745857.

*‘The past is a place of reference, not a place of residence; the past is a place of learning, not a place of living.’ (Bennett, 2020)*

### **7.1 Purpose and Summary**

This chapter is titled, *The efficacy of a child protection training program focused on the socio-historical welfare context and intergenerational trauma for Aboriginal families*.

The chapter discusses the findings from the pre and post training surveys of part one of the research study. The quantitative methodology used in the study assessed the theoretical knowledge base of welfare practitioners across domains that included knowledge of past child welfare practices of Indigenous child removal, assimilation policies, intergenerational trauma and trauma-related behaviours. The curriculum for the training course was discussed

in the previous chapter and the theoretical concepts used in the training course were outline in the literature review in chapters three, four and five.

As has been argued in previous chapters, welfare practitioners must adopt a trauma lens when working with Indigenous families. Results of the pre-course questionnaire that asked participants to identify theories that guided their practice with Indigenous and non-Indigenous families suggest participants were underprepared to work effectively with Indigenous families. Post-training results supported a significantly improved understanding of the need to adopt a trauma informed approach and use trauma theories in their child protection practice.

Past practices of removal of Indigenous children based on reasons of race alone have created a culture where historically Aboriginal parents were seen as poor, neglectful parents. This attribution has contributed to the ongoing over-representation of Indigenous children in out-of-home care. Without a historical and socio-political understanding of the child welfare policy context, welfare practitioners cannot appreciate that the skew of Indigenous child removal is the result of a political strategy rather than an act of responsible intervention where there are children at risk.

Participants' knowledge of assimilation and past child welfare practices of Indigenous child removal improved significantly following the training, as did their knowledge and understanding of intergenerational trauma and trauma-related behaviours. Results of the post-course questionnaires show a marked improvement in research participants' understanding of the intergenerational trauma caused by past assimilation policies and child welfare practices and how trauma may present in Indigenous individuals, family groups and in whole communities. An understanding of intergenerational trauma positions the worker to appreciate, identify and work with the barriers with which Indigenous families present. It promotes the possibility to establish rapport since an understanding of intergenerational

trauma is reflected in the demeanour of the worker and in their verbal and non-verbal communication.

The data from Part One of the research study provides a picture of a moment in time only and does not assess the longer-term impact of the training course and whether the learning was sustained and the knowledge transferred to the workplace. The one-day practitioner training workshops were conducted in different locations around New South Wales on the following dates:


Three workshops held in the Greater Western Sydney area on Wednesday 21<sup>st</sup> November 2012, Tuesday 19<sup>th</sup> March 2013 and Wednesday 27<sup>th</sup> March 2013. The mid north coast workshop was held on Thursday 6<sup>th</sup> December 2012. The far north coast workshop was held on Thursday 7<sup>th</sup> March 2013. The south coast workshop was held on Wednesday 13<sup>th</sup> March 2013.

Part Two of the study used a qualitative methodology and employed the use of the semi-structured interviews to ascertain the extent to which the learning from the one-day practitioner training was sustained over time and was a catalyst for changes in practice. The results from qualitative analysis and discussion of the second part of the research study are presented in the next two chapters.

The next chapter titled, *The Efficacy of a Child Protection Training Program on the Historical Welfare Context and Aboriginal Trauma* is a peer reviewed publication authored by the researcher with consultation, guidance and editorial assistance provided by Primary Supervisor, Associate Professor Rebekah Grace.



# The Efficacy of a Child Protection Training Program on the Historical Welfare Context and Aboriginal Trauma

Karen Menzies<sup>a,b</sup> and Rebekah Grace<sup>c</sup> 

<sup>a</sup>Karen Menzies, School of Nursing & Midwifery, Western Sydney University, Penrith, Australia; <sup>b</sup>School of Humanities and Social Science, University of Newcastle, Callaghan; <sup>c</sup>TeEACH (Transforming early Education and Child Health), Translational Health Research Institute (THRI), School of Nursing and Midwifery, Western Sydney University, Penrith, Australia





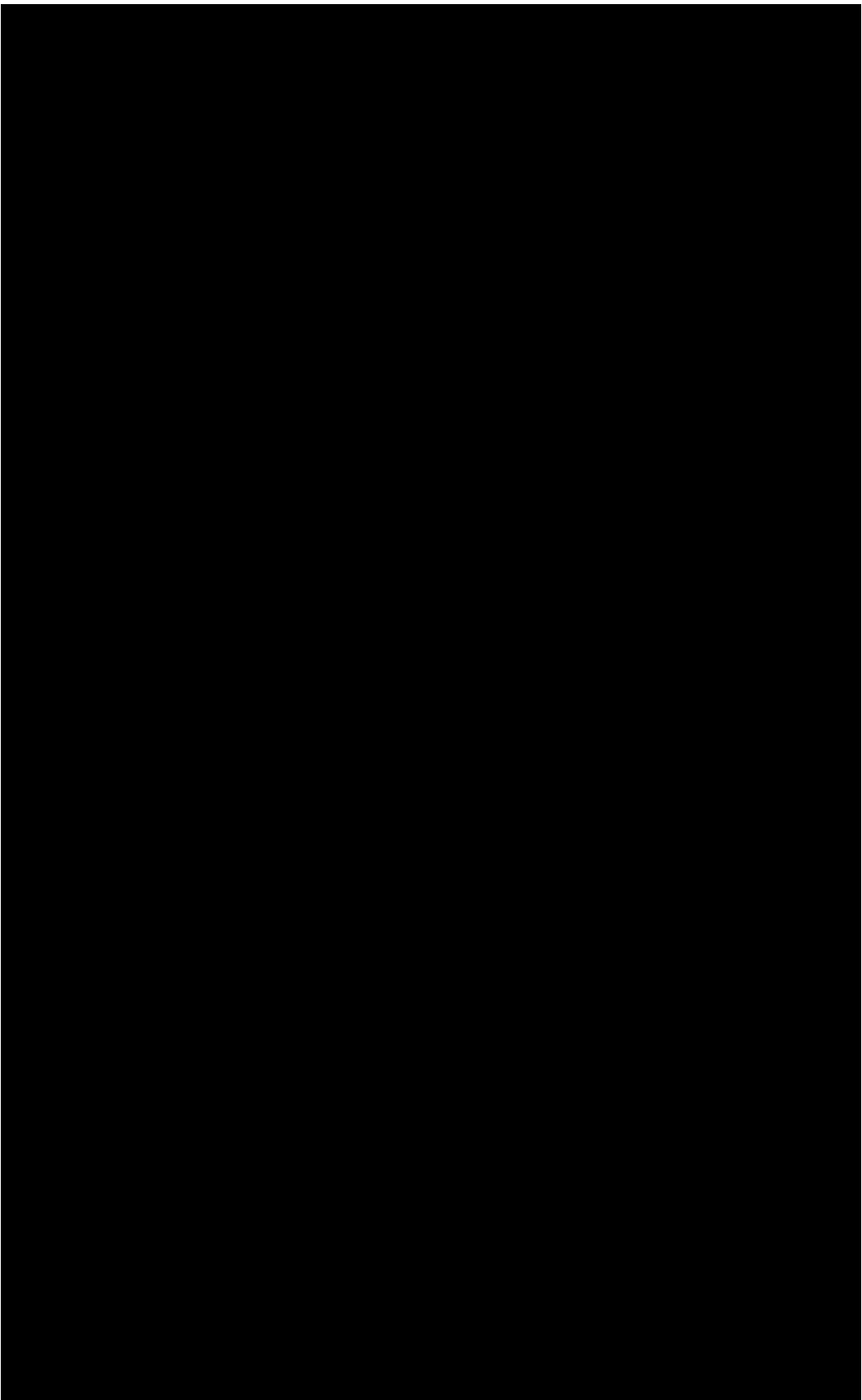


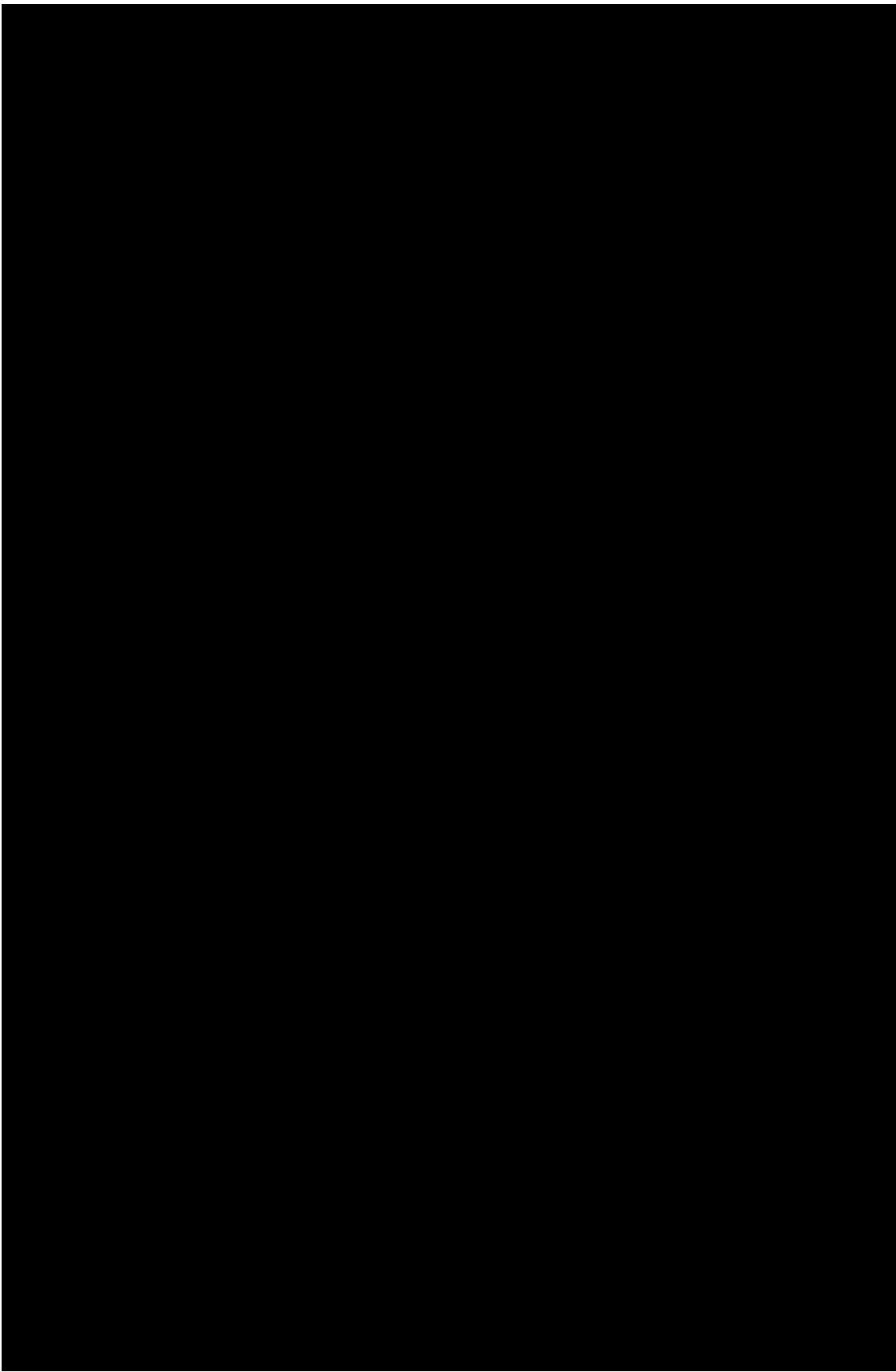


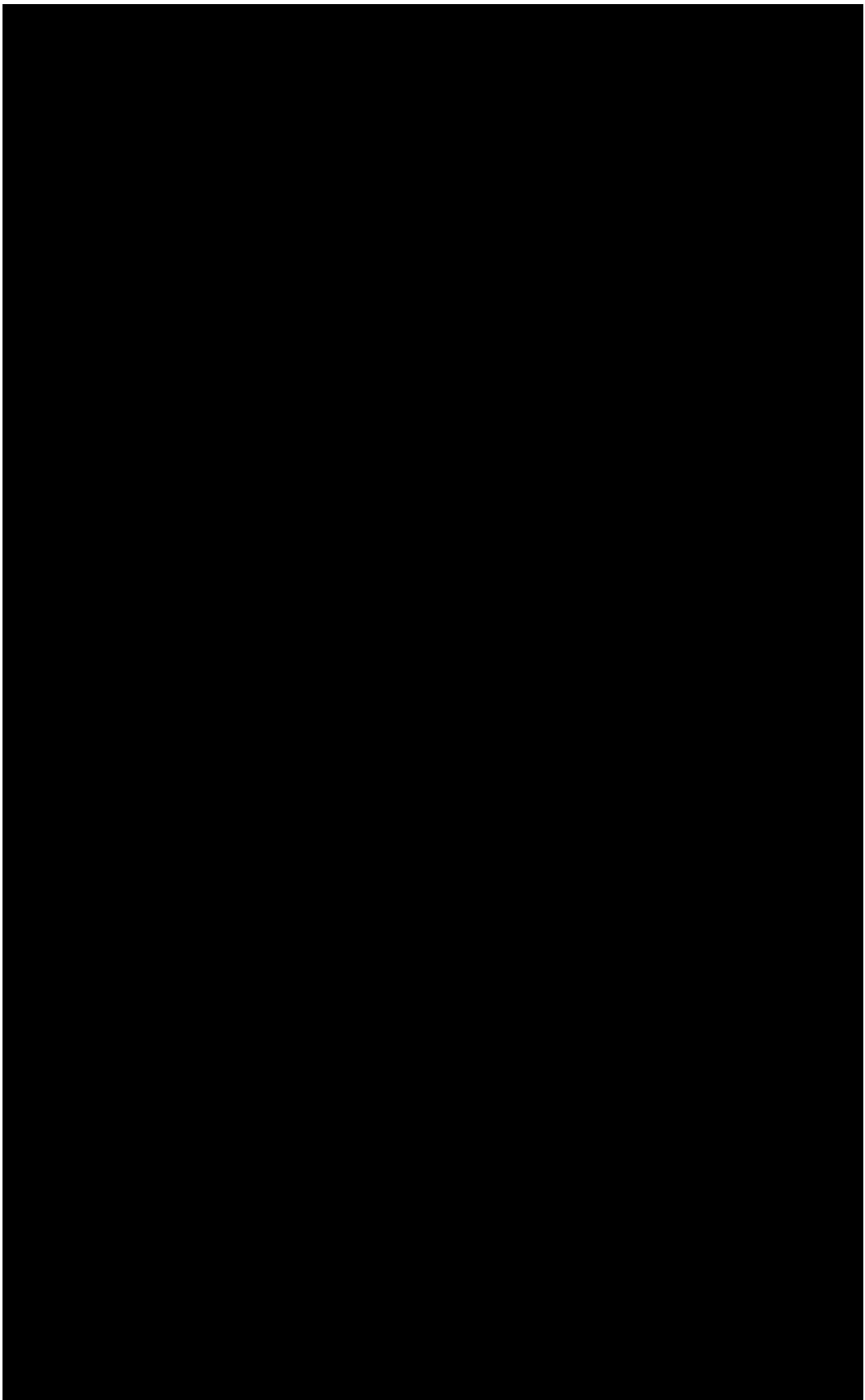


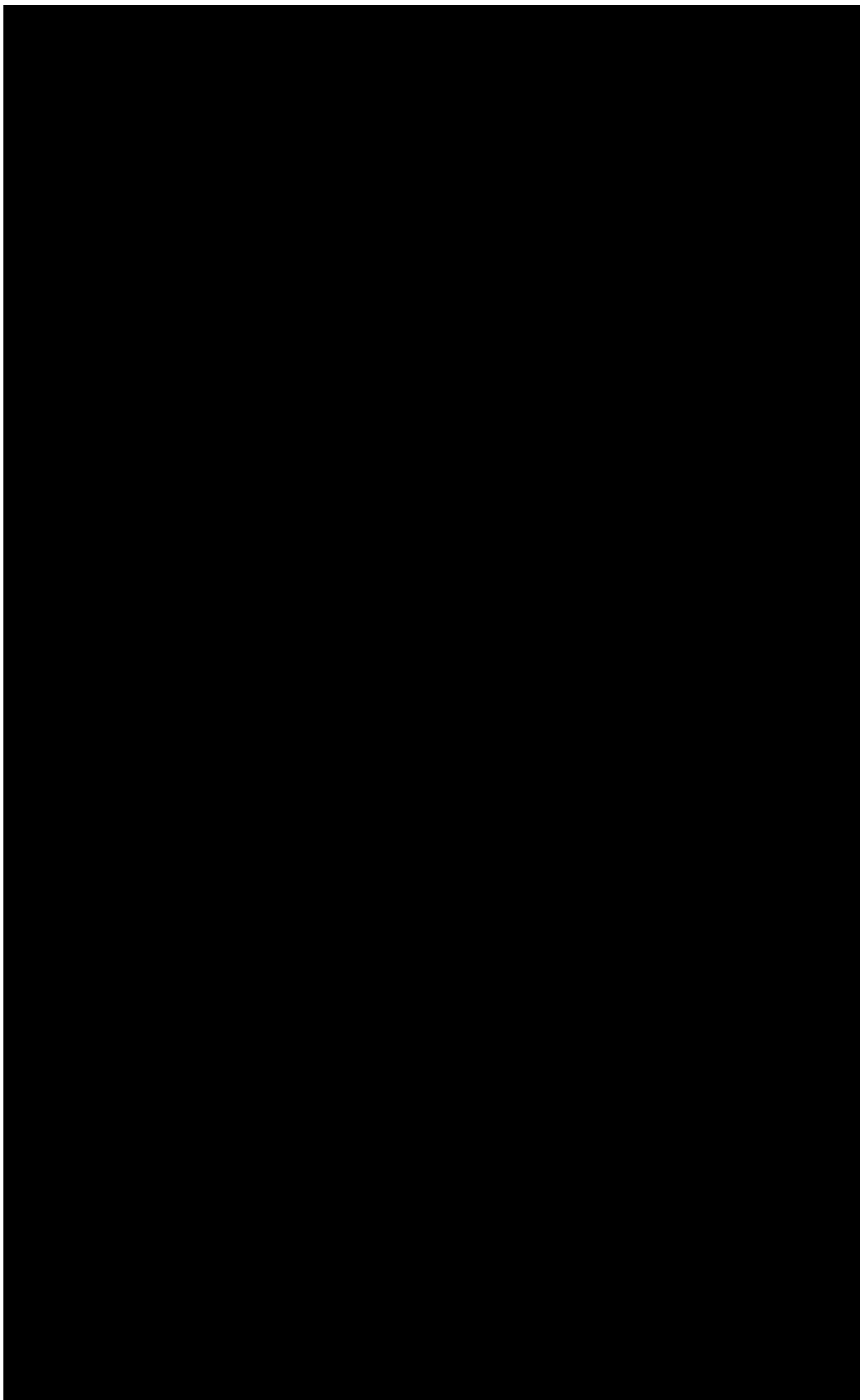


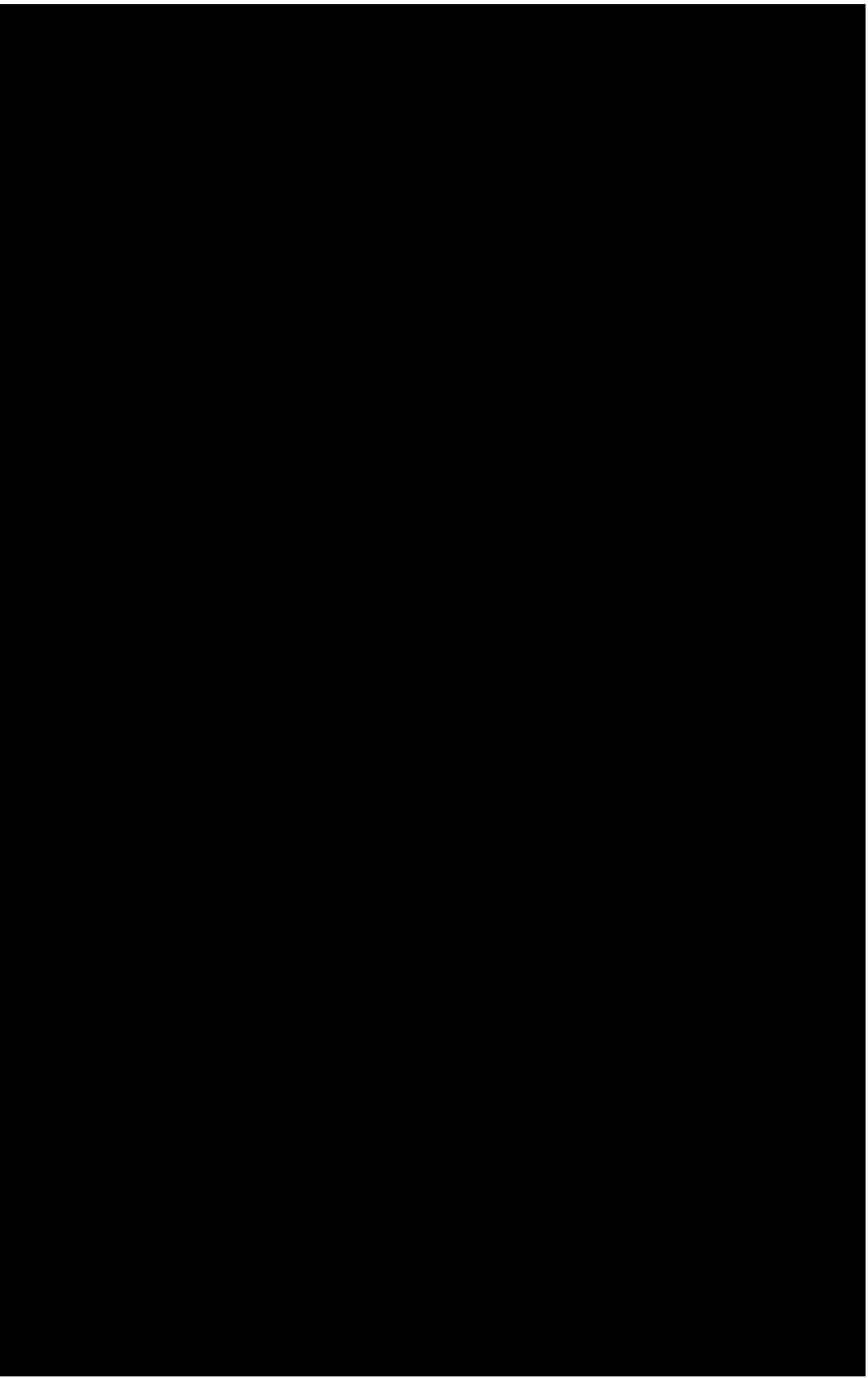




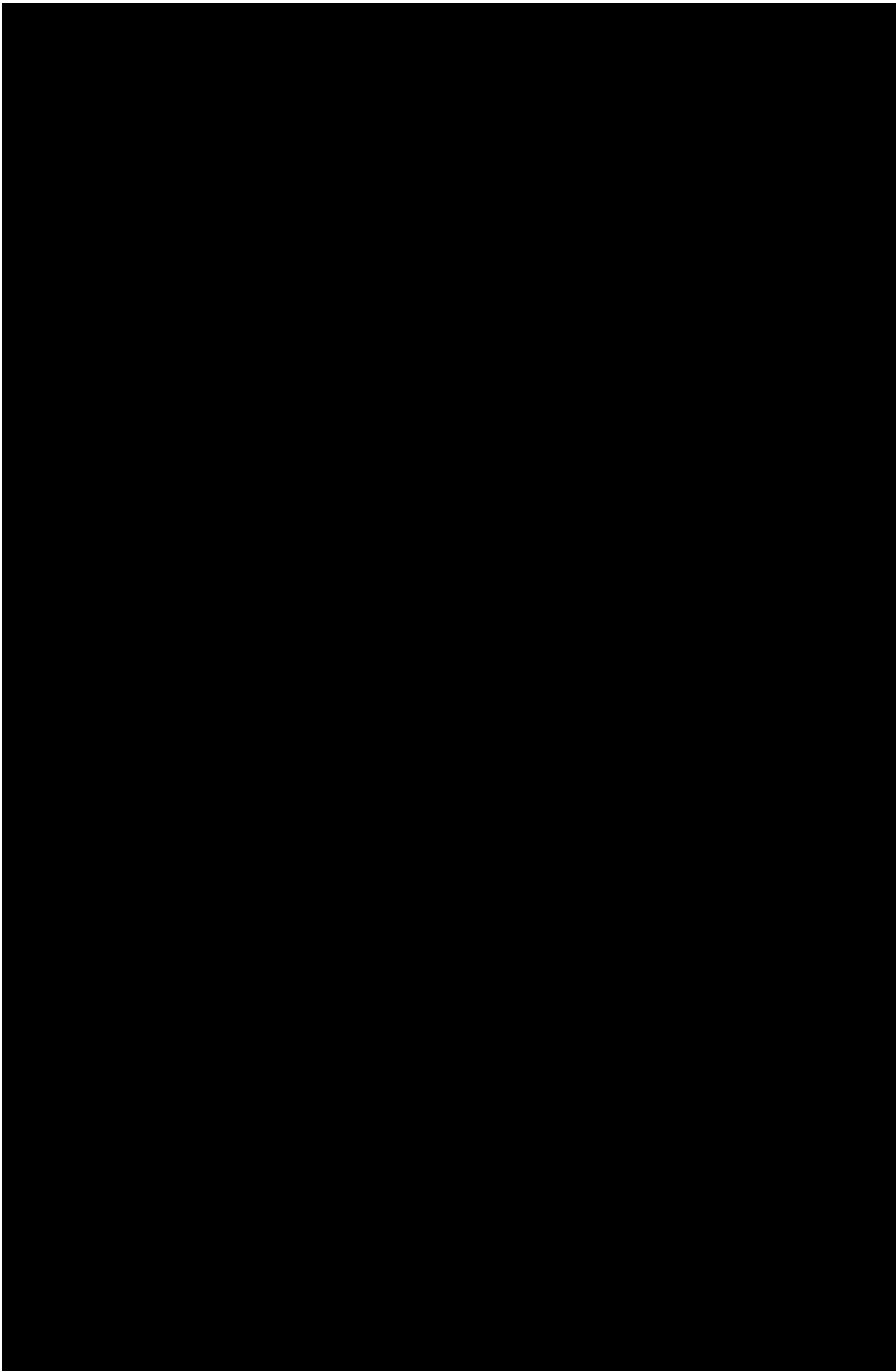














## **Chapter 8: Research Study, Part Two**

### **Results of Semi-Structured Interviews**

#### **8.1 Introduction**

This chapter reports on the findings from Part 2 of the research study, which explored the extent to which the learning from the one-day practitioner training was sustained over time and was a catalyst for changes in practice. The research study, as a whole, examined both the short term impact on practitioners attending the training in terms of an increase in knowledge (Part 1), and the longer term impact of this new knowledge on their practice over the months following the training when they returned to their employment organisations and the cultures that permeate those settings (Part 2). This chapter presents the findings from the analysis of the semi-structured interviews that were conducted with a sub-sample of participants several months after the completion of the welfare practitioner training day. An interview schedule was developed to guide discussion with participants about the longer term impact of their participation in the training program, and explore the extent to which their knowledge of concepts from the training were retained and implemented in their work with Aboriginal children, families and communities.

#### **8.2 Methods**

A qualitative research design was employed in this Phase of the research. Semi-structured reflective interviews were conducted to gain ‘first-hand’ (Davies, 2007, p.29) knowledge of the experiences and perspectives of welfare professionals as this related to the impact of the training on their practice. This qualitative research design offered an ideal research approach for a descriptive study on a topic that has not received adequate attention within the research literature (Alston & Bowles, 1998; Creswell, 2009) and in cases ‘when

theories or existing articles about the phenomenon are limited' (Heidari & Hamooleh, 2106, p. 102).

### **8.3 Recruitment**

A subgroup of participants was randomly selected by drawing out the participant's research number from those who completed post course questionnaire in Part 1 of the study. There were three participants selected from each location around New South Wales including three Sydney metropolitan locations, one regional centre, and two rural locations. All 18 participants were enthusiastic about being contacted for the follow-up of Part 2 of the study and agreed to participate in an interview.

### **8.4 Participants**

There were 18 welfare practitioners who participated in Phase 2 of the study, that is, a third (32.7%) of the participants from Phase 1. Demographic data such as age range, length of service, and education levels were recorded in Phase 1, and reported here for the Phase 2 sub-study participants. There were 16 non-Indigenous and two Indigenous practitioners. With the exception of one male, all participants were female. There were 6 participants from the participating non-government organisations and 12 participants from the statutory department. There was no notable difference between higher education levels for those working in the state statutory department compared to those from the two not-for-profit organisations. From the non-government organisation there were 4 (22%) participants with a graduate qualification, 1 (5%) with post graduate qualifications and 1 (5%) participant with a TAFE Diploma. Of the statutory organisation, 9 (50%) participants recorded having a graduate qualification, 3 (16%) with post graduate qualifications and 1 (5%) participant did not record a qualification. The length of service working in the welfare sector involved five or more years for 55% of the participants in the analysis of the demographic data. Eighty three percent of the statutory practitioners had more than 5 years length of service experience

working in the welfare sector and 58% of the non-government practitioners had more than 5 years length of service experience working in the welfare sector.

## 8.5 Demographics

The demographic characteristics of the participants are summarised in Table 3 below.

**Table 3**

### *Demographics for Part Two of the Study*

<b>Variable</b>	<b>Number</b>	<b>Percentage</b>
Identified as female	17	94.4%
Employed in the state government statutory department	12	66.6%
Employed in the non-government sector	6	33.3%
Current role within the child protection sector:		
• Case worker	14	77.7%
• Case work manager	4	22.2%
Length of service within the child welfare sector:		
• 5 years or less	8	44.4%
• 5-10 years	6	33.3%
• More than 10 years	4	22.2%
Age:		
• 25 – 34 years	3	16.6%
• 35 – 44 years	5	27.7%
• 45 – 54 years	6	33.3%
• 55 + years	4	22.2%
Education level:		
• Technical and Training College Diploma	1	5.5%
• Undergraduate degree	12	77.7%
• Masters degree	2	11.1%
• No education recorded	1	5.5%
Self-identified cultural background:		
• Aboriginal Australian	2	11.1%
• Anglo-Australian non-Aboriginal	8	44.4%
Other cultural background*	8	44.4%

\* Croatian, English and unidentified.

## 8.6 Research Instrument

A qualitative, in-depth semi-structured interview approach was employed. Semi-structured interviews allow the researcher to explore open ended questions whilst still controlling the direction of the interview (Yin, 2002). A well-constructed compilation of eleven questions was designed to ‘stimulate reflection and exploration’ of what informs welfare professionals’ practice with Aboriginal families in the child protection sector (Davies, 2007). This technique can track new areas of inquiry and seek to improve and increase theoretical understandings of social reality (Alston & Bowles, 1998).

The interview schedule was developed to investigate the following:

1. Welfare practitioners’ reflections on the training experience, including:
  - i. the vocational relevance of course content;
  - ii. the process and structure of the training day;
  - iii. the knowledge acquisition about the curriculum of the day which included the historical and socio-political context of past child welfare laws, policies and practices; the researcher’s personal and family experiences of forced separation and multigenerational child loss; and trauma definitions, including the manifestation of trauma, trauma impacts on Aboriginal families;
  - iv. the value and use participants placed on the one-day training program.
2. To what extent knowledge and understanding of this curriculum has been sustained over time as the result of attending the training.
3. Whether the sustained knowledge has impacted on welfare practitioner’s child protection practice with Indigenous children and families, and any other changes to their current child protection practice.

See Appendix D for a full list of the questions in the interview schedule.

## **8.7 Procedure**

The 18 interviews were all digitally audio-taped with the permission of the participants. Audio-taping was required solely for the purpose of transcription and qualitative analysis. Only the Researcher and the Research Supervision Team had access to the recordings. There were no secretive recordings, and audio-taped interviews did not proceed without verbal consent from the participants. Participants were informed that all personal identifying details would be removed from the final data and no names would appear in this thesis or in any publications and presentations, and that all research participants would only be referred to as an 'NGO welfare practitioner' or a 'statutory or Government welfare practitioner'. Of the 18 interviews, 14 were telephone interviews. Six participants were from the non-government sector and 12 participants from the statutory department. There were 4 face to face interviews, 2 from a non-government organisation and 2 from the statutory department.

The 18 semi-structured interviews conducted with research participants ranged between 59.42 minutes and 10.42 minutes in length. The average length of an interview was 23.03 minutes. The average length of a face to face interview was 26.07 minutes and the average length of a telephone was 22.00 minutes.

## **8.8 Analysis**

An interview protocol was developed to gain information from the welfare practitioners about their experience of the training course. The questions were predominantly open ended to allow new areas of inquiry to be explored depending on the practitioner's experiences. The digital recordings were transcribed verbatim by the researcher and entered into Microsoft word as a rich text file. The data analysis of the transcribed interviews was supported by the NVivo 11 Qualitative Data Analysis and Management software program.

The analysis was conducted in two stages. The first stage was a content analysis guided by a priori themes relating directly to the perceived relevance of the course and the way it was run. Content analysis is a term to describe analysing textual information in a systematic way by developing codes and categories ‘to determine trends, patterns of words used, their frequency, and the structure and discourses of communication’ (Vaismoradi, Turunen & Bondas, 2013, p. 400). Put simply, content analysis is without regard for hidden agendas as it is ‘concerned with the surface meaning of the document’ by ‘examining who says what, to whom and with what effect’ (Bloor and Wood, 2006, p.58). The purpose of distinguishing patterns of meaning is to develop ‘a condensed meaning of the units of relevance for a particular research topic that may be identified when comparing the experiences of several participants’ (Hjeltne, Binder, Moltu & Dundas, 2015, p.4).

The second stage of the analysis was a thematic analysis, exploring emergent themes from the open-ended responses. The use of thematic analysis in this study provided both a way to identify common threads in a participant interview and within the set of welfare participants interviews while seeking a ‘detailed and nuanced account of the data’ (Vaismoradi, Turunen & Bondas, 2013, p.400). Looking within each question for the emergent themes allowed for the ‘qualitative results and inductive conclusions’ (Neuendorf, 2019, p.219) to be drawn about the participant’s experiences of the one-day practitioner training course. The data was checked for inter-rater reliability. The principal supervisor independently coded a random 20% of the interviews to establish inter-rater agreement and consensus. The variables in the coding scheme were found to have high levels (90%) of inter-rater reliability.

## **8.9 Ethics**

Ethics approval for the study was secured through the Macquarie University Human Ethics Committee (Approval number 5201100896).



## **Ethical considerations**

An important ethical consideration surrounded awareness that there may be Aboriginal welfare professionals attending the training and participating in the research project who had personal and/or family experiences with separation at the hands of child welfare services. In the event that this caused distress, they were given the option to withdraw. Should an Aboriginal welfare professional chose to continue, emotional support and counselling was made available through the researcher (a qualified social worker) or referrals were made to relevant agencies, if necessary. It was also important to consider that other participants may have experienced their own childhood trauma or other personal traumas and/ or the loss of a child through miscarriage, stillbirth or premature death, and so every effort was made to ensure that if any participants became distressed they were given the option to withdraw from the training and the study. The researcher made sure to monitor all participants throughout the training course and ensured there was always information about referral agencies so that this could made available if required, though none of the participants opted to withdraw or required a referral in either Phase 1 or Phase 2.

Part of the teaching approach of this researcher is to constantly assess and respond quickly to any group dynamics and/or individual responses by supporting people to debrief about their experiences that arise in the learning setting. Apart from the Researcher's extensive experience, a member of the PhD research supervision team was present at each of the six training workshops. The supervisors also have qualifications and experience in supporting people experiencing emotional and psychological distress.

The safety of the participants was paramount, and a safety statement was made in the introduction to ensure that participants were made aware of the possible emotional reactions the training course may present. Small and large group discussions provided an opportunity for discussion of the material and a chance to check in and monitor the impact of the

curriculum on the participants. Individual, small and/or large group debriefings were made facilitated by the researcher at the end of each session in the training course. Participants were also invited to discuss any concerns and/or issues privately with the Researcher during the morning and afternoon tea and lunch break.

## 8.10 Results

### Descriptive Data

The percentage of participant's current child protection workload involving Aboriginal families are summarised in Table 1 below.

**Table 4**

*Descriptive data: Percentage of child protection workload involving Aboriginal families*

<b>Percentage of workload</b>	<b>N</b>
25%	N = 4
26% - 50%	N = 6
51% - 75%	N = 5
76% - 100%	N = 3

While there are varying caseload levels of child protection work with Aboriginal families all 18 (100%) participants had a minimum of 25% of their current child protection caseload working with Aboriginal families. Half of the participants carried a 50% child protection workload involving Aboriginal families their current child protection.

## 8.11 A Priori Content Analysis

### 8.11.1 Who Should Participate in This Training?

In response to the question regarding 'who in your organisation do you think might benefit from this training', 18 (100%) participants believed the training course was extremely useful for their child protection work with Aboriginal families. Throughout the interviews,

participants reported directly and indirectly a deep shift in understanding about Aboriginal people. They described being informed and empowered to think and act differently in relation to Aboriginal people. It was recognised by two respondents that there was a need for a different way of thinking and a different way of practicing in relation to Aboriginal children and families, as illustrated in the quote below:

I believe I have good reflective practice, though I think it's taken it to a completely different level. Perhaps even reflective Aboriginal practice, I think. That's what you specifically needed. It's certainly a different practice altogether...

I've been to cultural training before, but the training that you deliver, whether it's training or whether it's just a history/understanding/reflective/think about this a bit more, is much more effective than anything I've gone to before. I think it just puts it into perspective, it puts it in order of events, and that it challenges your assumptions of understandings of how families work. (Participant No.2)

One participant reported a 'light bulb' moment where a missing piece of information provided the answer to some past interaction, event or observation that had occurred. They concluded by expressing hope that, as a result of the training, they would now be able to make a difference to Aboriginal families in future:

I think the information you gave was so profound because you had light bulb moments of 'oh my goodness, yes. I know. I'm looking at it. And I didn't understand that then. I need to understand and I may not be able to change it, but I can work with it'. I think that was the critical thing for me. (Participant No.2)

All 18 (100%) participants from both government and non-government organisations said that they considered the information in the training so fundamental to both work in the

human services sector and to a new understanding of Aboriginal people generally, that the training should be mandatory for all staff in their organization, irrespective of position. Some participants spoke about the importance of the training specifically for staff in casework roles who were working directly with Aboriginal families and communities. Staff employed in positions other than as Caseworkers, such as the people in supervisory and decision-making roles, namely managers and admin and new starters, were also nominated to attend the training:

Everybody. And it shouldn't just be the caseworkers. It should be the managers. It should be the Director, the Regional Director. (Participant No.8)

I think everybody who works in the Human Services or with diverse groups should be doing this with Aboriginal people. I definitely think we should know about it. (Participant No.4)

Everyone. That would include Child Protection, Out of Home Care, Strengthening Families because all our clientele has Aboriginal family. (Participant No.14)

I think it should be open to anybody that works in welfare area that deals - particularly in Child Protection - but anybody that works with families or has to work with the issues in Aboriginal communities, should be doing this training. (Participant No.7)

In summary, the participants indicated that they thought this training would be suitable for a much broader audience and many suggested that staff agency wide would benefit from attending the training course.

### **8.11.2 Is This Training Appropriate for Both Aboriginal and Non-Aboriginal Practitioners?**

When discussing who might benefit from attending the training course, 16 of the participants said that the information was relevant to both Aboriginal and non-Aboriginal employees. Some examples of statements that were made follow:

I actually think it would benefit all caseworkers. Both Aboriginal and non-Aboriginal.

(Participant No.10)

It's just as useful for Aboriginal people as it is for non-Aboriginal people. (Aboriginal

Participant No.15)

Without doubt. Absolutely without doubt. Yeah. Because it's like - if I can give you an image. Like every Aboriginal person is somewhere on a line from a beginning to infinity, in their own learning culturally and all the other ways that you are as a

person, a human being. But there are so many Aboriginal staff that I've observed in this area, who are - they need it basically. Yeah, they do actually. (Aboriginal

Participant No.12)

### **8.11.3 Is the Duration of the Training Course Appropriate?**

Participants were asked about the suitability of a one day workshop for the training or if another time-frame would have been more effective. All 18 (100%) participants said a one-day program was effective with three participants adding that this was the minimum amount of time necessary:

I thought the one-day workshop was fantastic. It wasn't too long. I don't think you could do it in any shorter time. (Participant No.3)

I think a minimum of one day training. (Participant No.11)

One participant linked the duration of the training with the face-to-face format:

The experience of that day, that one day face to face I think worked really well.

(Participant No.6)

The following participant commented that the one-day allowed the time to take on new information and to reflect on it, and how important this was to their learning:

I think the way it was, was pretty good. I mean, we had time to reflect and divulge - like go through the information. I find that important when you're learning something new - to be able to experience it and ask questions and contemplate. (Participant No.16)

A third of the research participants (n=6) would have preferred a longer training course as they felt the subject material required two or more days and additional time for processing and further discussions. Two participants said a longer format would allow them to process and reflect on their day's learning overnight. They could then bring their thoughts and questions to day two:

I would have liked to have gone back the next day and talked about it a bit more... you've got the night to think about what the actual thing is about, what you're doing. And then you've got more questions and you're a little bit more knowledgeable by sleeping on it. (Participant No.1)

What I'd like to see is something that's presented in more than one day. But maybe several days, where it's broken up, so that then it gives the people who are doing the course, a chance to kind of think about it, let it sink in, and then come back with questions to the next session. (Participant No.12)

#### **8.11.4 Was the Format of the Training Course Appropriate?**

Participants discussed the effectiveness of the workshop method of delivering the training versus other methods, like on-line learning. All 18 (100%) participants agreed that the subject matter was best delivered via face-to-face workshop style. One participant said it was the appropriate format because they found group discussions a good way to learn:

I think it was good the way you presented it. Because it involved a lot of discussion as well. And that is a good way of learning as well. So I liked the way it was run.

(Participant No.13)

Two participants thought the face to face workshop format was better because workers would not be motivated enough to read training material presented in on-line training:

I don't think anything online or emailed presentation, PowerPoint or anything, I don't think would work well because it means we get so much of that already at the moment. People don't have the time to read that on their own. (Participant No.14)

I don't believe any training is ever better than face-to-face with an individual who has experience and knowledge that they share amongst the group. (Participant No.2)

There was consensus that face to face training was the preferred approach to learning and that practitioners are unable to manage the existing online training and are resistant to more electronic resources.

## 8.12 Thematic Analysis

### 8.12.1 Theme One: The Impact of New Learning on Professional Practice and Personal Perspectives

The participants described the research as impactful both professionally and personally. This theme was captured in three sub-themes as described below.

#### *1a. The Importance of the Historical and Socio-Political context: “It hit right to the heart”*

Participants’ reported that the course content regarding the historical and socio-political context of the past child welfare system which governed the lives of Aboriginal people was important new information. This information was perceived as critical to a much deeper understanding of the Aboriginal experience of forcible separation and assimilation, which was required for their child protection work. This is evident in the following examples:

You gave me a particularly clear understanding of the history of Aboriginal people, especially government policies, the forced removals, the white Australia policy. It gave me a really good understanding of history which, although I knew, I hadn’t pieced it altogether. So I didn’t have that chronological order nor quite the impact, nor of some of the extraordinary things that are in those policies that really were quite profound, for me. (Participant No.2)

And so what your training really did for me was it took me right back down to the foundations. It took me right back to settlement. And you started from that point. And what I think I’ve really enjoyed was looking at the different timeframes and the different government policies. (Participant No.3)

It hit right to the heart of the work we were doing. So it was not like a history lesson but rather it just went right to the heart of what the people were working with and what the issues were and how we needed to look at that. (Participant No.15)



Participants expressed surprise that the removal of Aboriginal children from their families based purely on their Aboriginal heritage was such recent history:

The main information that has stayed is about how recently Aboriginal children were able to be removed, without – for no other reason than being Aboriginal or Aboriginal descent. And how recently that was, is our history. (Participant No.11)

One participant equated past welfare policies with cultural genocide:

What stuck with me that really I found distressing was the adoption, the Aboriginal Board where if the children stayed until they were a number of months, and if they didn't look black, they were then adopted into the welfare system and they weren't told they were Aboriginal. They were told that maybe they come from Europe or whatever. And that was a bit that I didn't know. And that really struck home to me, that it was genocide. It really was. They were trying to wipe out a culture. (Participant No.7)

### ***1b. The Relationship Between Intergenerational Trauma and Service Engagement***

The interviews reflected the participants need for insight into past removal practices and the profound impact that the past child welfare laws and policies and practices continue to have on Aboriginal families in their child protection practice:

The majority of people slam their doors in our faces, like that's part of our job. No one wants us knocking on their door. So I think the impact on an Aboriginal family with us knocking on the door is so - I don't think there's enough emphasis with the new workers as how traumatic that must be. And I think it would be so much more magnified for Aboriginal people compared to people who don't have such significant history with our Department. (Participant No.10)

The biggest thing is understanding that their previous history and trying to get an understanding of their history and that depends on how much they like to share. Some is very current, traumatic history, and some go back generations. So, it's been passed down from generation to generation and they still have that influence of removals and even if it's just in stories and so on and so forth, it's still passed down. (Participant No.2)

Also a lot of the trans-generational trauma is really huge. And that actually impacts on particularly one of the families that I'm working with, that's particularly poignant because the little boy that I'm working with, the grandmother who lives at the house, she's had every single grandchild removed. This is the last one. And she came from Stolen generation[s] herself. So it's been pretty awful. (Participant No.7)

Participants reported the importance of knowing the impact of the history and how understanding the removal practices allowed participants to appreciate the fear and reluctance of Aboriginal families to engage with child protection authorities:

The stuff that stays with you is a lot of the historical stuff for Aboriginal people. We know about why, you know, because people fear welfare so much and being aware of those fears and not taking them on personally and just having knowledge of that history, you know, moving forward with our families that we work with. We can't just skip that. So that really very, you know, I suppose for me, that was really good that we covered that stuff for sure. (Participant No.15)

So to put it on the table and say 'alright, I know about the history here and what's happened and I understand that, even though perhaps I didn't do it, but I understand that it's difficult' for me to walk into somebody's home and expect them to start engaging with me. (Participant No.16)

Their resistance to Community Services or to working with them. Their hesitance in getting involved with any services. So reminding myself about what they've gone through in the past. And even during case discussions, that comes a lot - discussing about what's been happening in the past and how practices can be changed in the future. (Participant No.13)

The interviews revealed the powerful and positive impact of learning about trauma-related behaviours and symptoms present in Aboriginal families:

Look, that trauma, I just cannot get over it. So now I keep remembering them, working with the family, the impact onto the current generation. I brought that home with me and it's impacted a lot on the way I work with the families. And that is something that I keep reminding myself every time I'm working [with] a family. (Participant No.13)

The exercise you did around trauma and what are some of the symptoms of trauma, and then linking that back to the experience of Aboriginal people. I think that was the best - that was one of the most powerful training days/instructions, I think I've ever been to really. (Participant No.6)

We receive quite a lot, in the role at this present moment, we receive many reports on Aboriginal families. So when considering what decisions we need to make - whether we need to refer this or further assessment in child protection or Brighter Futures or any other non-government agency services to support the family - I use that quite a lot when making those decisions. (Participant No.14)

One participant modified their approach because they appreciated the trepidation many Aboriginal people experience engaging with non-Aboriginal services:

The information that comes in, a lot of my work is really to work with Aboriginal clients. So people that walk in at our counters as well. So even the way I approach them, the way you talk to them, any follow up - so any gathering information with Aboriginal families, and services, it's all that background knowledge or that information is quite sensitive. That has changed me in how do I respond with this person. (Participant No.14)

Two participants found that their cultural sensitivity meant they were better able to engage with Aboriginal families. They believed this significantly reduced the degree to which families were re/traumatized by the current crisis:

It's also, you know, it has made it easier to work with families. Like coming from the approach of 'yes I understand what's happened in the past and I understand the impact of it and I'm also sorry for you having to have gone through all that', that's what breaks the ice. And makes it a tad bit easier to work. (Participant No.13)

It has helped me in my casework and the practices that I use in working with families. Even say, worse comes to worse, the child has to come into care. Then being able to look at extended families, work with them. Very, very useful. (Participant No.13)

#### ***1c. New Knowledge of Trauma Heightens Sensitivity Toward Aboriginal People***

Some participants described how the training addressed their own pre-existing misconceptions about Aboriginal people:

I remember conversations with my parents and their friends going 'why would Aboriginal people get more money than the other people and it's unfair' and all that kind of stuff. So I guess those kind of things build my impressions. And so when I came to your training, I think a lot of that was just shattered for me very quickly...I am so grateful because it really helped me to kind of debunk some of those myths that

I had in my mind which I thought perhaps was true. And also it debunked some of the myths that I had that I had which I knew wasn't true but I didn't have an answer for it. (Participant No.3)

Understanding the extent of the impact of trauma on successive generations was new information that profoundly affected some participants. They responded empathically to the ongoing impact of intergenerational trauma in the Aboriginal community:

The inter-generational stuff, you know, even the cellular level stuff - you know, in terms of what gets passed on, how that gets passed on. And I think it's important to address that, but you need to understand that to address it. And I would say I certainly didn't fully understand that prior [to the training]. That sort of gave me a really - more I'm talking about a real deeper sort of like a soul level, not necessarily a cognitive level because that's difficult, but you kind of get 'ok' - so now when I'm working with a family, I can sort of immediately get a sense of generations and generations and generations before. (Participant No.5)

The thing that had - that really stays with me is about the trauma... Aboriginal people today are still suffering and they are still in trauma from past years. (Participant No.12)

As I said to you earlier, about how recent this is and how current the issue is, it's happening now. Our Aboriginal families are still affected by this big time. (Participant No.11)

### **8.12.2 Theme Two: Changes in Practices Post Training**

Participants discussed the differences in their practice following the training. The themes arising from this discussion support that there had been a change in work practice. The common factor throughout the discussion was the participants' application of a trauma lens in their practice with Aboriginal families from referral to the assessment phase.

Changes in practice were across three main areas. Briefly they were focused on intervention using a trauma framework/approach, identifying the signs and symptoms of trauma and applying a trauma lens in reflective practice. Other themes that emerged were empathy in practice, and awareness of practices that sought to avoid the re-traumatisation of Aboriginal people which is a fundamental principle of trauma informed practice.

## ***2a. Interventions and Practice Approaches Using a Trauma Framework***

Participants reflected on family history taking as part of their practice and acknowledged the impact that the application of a trauma approach will have on this task. This task will now require seeking an understanding of both the individual and multi-generational story of Aboriginal family trauma, which was not generally explored as part of their practice before the training:

I look at it differently. I really do take in - I'd say I probably take in a longer history than just their upbringing. Like to take more into of their parents or the child's grandparents as well. (Participant No.1)

And I look for the signs and the symptoms more. Instead of saying 'oh they just need to have drug & alcohol counselling', I'll try and get some family history and some reasons why perhaps, that there could be those issues. So, I think there needs to be that specific cultural lens specifically for these Aboriginal families. (Participant No.3)

It's not something that [is] recognised. We talk about the history of DOCS involvement and why the children came into care when we're doing the case management ... it is always about, well DV, alcohol abuse, D& A issues, it's never been stated in a meeting that I've been in [its] about the intergenerational impact of trauma from the Stolen Generations, which you would imagine that it would be actually from what we know. (Participant No.18)

One participant went further, recognizing that a conversation with a particular Aboriginal woman fell short of addressing her trauma needs, at least in part, because her responses were not culturally appropriate:

I remember talking to her one day and she got really emotional and she told me how she had been removed as a child, but how her parent was removed as a child. And if I knew what I knew now, I would have dealt with that really differently. So, the way I deal with it, clearly there was trauma there for her, she was really distressed. I never ever linked that to the stolen generation[s]. But what I offered her was counselling but it was, an Anglo woman, like how stupid was that. So really what I would do now in terms of my practice, I would have got connected with the Aboriginal Medical Service because I've gone and seen them since your training and what I found out is that they have a service there. (Participant No.3)

The participants spoke about gaining a new and causal understanding of the long-term physiological impacts of trauma on Indigenous morbidity and mortality. An example is provided below.

So when we're looking at Aboriginal people today who have got a high level of diabetes and they die very young, you know, up until your training I just figured that it was perhaps just a dietary issue. I was just so vague about it. I really didn't - I didn't even give it any thought to be honest with you. I just thought 'well this is the issue' and why is it? I don't know and I'm not going to think too much about it. But I think your presentation really helped me just join the dots completely. (Participant No.3)

One participant conducted further research into the impact of trauma on brain development following their attendance at the training:

I've looked more into the trauma and the brain and how the brain is affected by trauma and cortisol levels and all those types of things that so critically affect our Aboriginal families that we're working with. (Participant No.2)

Another participant was able to identify how the knowledge of trauma had helped them understand the difficulty for parents who have experienced trauma to nurture and provide appropriate care to their own children:

I mean, I think anybody that does anything with Aboriginal training, can't come out affected by that generational trauma. And the lack of parenting skills from not being parented themselves. And yet, you know, it's so easy to judge them. I mean, I really believed growing up that nurturing and caring for children was the most natural thing in the world, and it came naturally, and it doesn't. It's learnt. We all learn it from our parents, from any care givers, from the adults around us. And if you've not experienced that yourself, how can you possibly then do what you don't know. (Participant No.7)

Two participants reported being much more aware of the signs and symptoms of trauma in their assessments of Aboriginal people:

I had another colleague with me, she joined us on that day. And we went back and really felt - we just really felt terrible about some of our practice. So, for example, we had an Aboriginal woman who was aged about 24, ... and she was in and out of jail, she had a son was in and out of the care system, and this woman was in and out of jail because she would go to supermarkets and shop and she would steal, and it was compulsive for her. She could not not do that. And so even in our office, we had to have everything away because she would take from us. Now I recognised after your training that that was a trauma response, I really believe that was a trauma response. (Participant No.3)



So that would have been trauma and traumatic for them, and so not able to parent probably the best as they wanted to and then that sort of gone down with their children. The grief and trauma, I don't think you get away from it as easily – it just doesn't go away, it's always there. (Participant No.8)

## ***2b. Advocacy and Empathy***

The findings from the interviews revealed that the participants reported being much clearer and more confident in their ability to advocate for Aboriginal families both within and outside their organizations.

One participant described being a more vocal advocate for a particular Aboriginal family she worked with:

Since the training, the one family whose grandmother has had all these grandchildren taken into care, I have raised that in case reviews and brought it to my manager's attention when we've talked about the next step would be removal. You know, this is another one, she's seen all these taken. So maybe I've been a bit more vocal with my manager about that. (Participant No.7)

One participant described how they were inspired by the training to advocate for Aboriginal families outside of the workplace:

I went along and I did a course one weekend about my local Aboriginal people to learn more about their lifestyle and their traditions, and I met a whole lot of people in our community, including our local Aboriginal Park Ranger, who is happy for us to organise a day for our children who - not just children in care but children who are - Community Services workers, their families, to take them out into our local bush and show them the Aboriginal sites in our local community. And just to meet those people, it inspired to me to go along and to do more, and make more contacts and became a bit involved... It's given me - it inspired me to get more involved. And the

small affects that have started to happen in our local area, are really good. They're really positive and it's helping us to move forward. Just a little bit, you know. And I feel really, really honoured to be able to be part of that, and humbled. But it's quite important to me. As a person, you know, I have some Aboriginal friends and so I probably have a little bit more understanding than most Anglo Australia people. But I was surprised at some of the information, the knowledge that I gained. (Participant No.11)

One participant expressed their frustration about the level of ignorance in their social group when comments about Aboriginal people fail to acknowledge the experience of Aboriginal people. They were motivated to speak up about this:

And advocate a bit more. You know, you hear the typical - because my social life is very much outside what I do and I get the real typical comments that can only come from - I'm sorry, uneducated white people who have got no bloody idea. And I get 'how many Aboriginal people that you work with'. And I'll go 'yeah, a big percentage'. 'Oh well, I get this and I get that. And after forever going 'well hang on, you know, let's have for 5 minutes before you just make those assumptions that you think you know, because you don't. (Participant No.2)

One participant commented that the impact of the training extended beyond their role as a worker to them as a person and that the information had the broader potential to affect social change:

Look, I think it should be mandatory for all staff within our organisation, to attend those training days. Because it's beyond work as well. It's beyond the day-to-day

profession. It's about social change really. About having a really solid understanding of this history and how it impacts on people today. (Participant No.6)

Participants spoke of their how their level of empathy toward Aboriginal people had increased now they understood more about trauma and the history of Aboriginal people which influenced all aspects of their work with Aboriginal families:

I come from a different space when I'm asking our lengthy questions that we have to do. It's coming from a - I don't know how you would explain it but it's just a bit more - sympathy isn't the right word but an empathy. Maybe empathy. (Participant No.1)

I think it helps me work with actual clients, Aboriginal clients, in the sense that to be able to empathise and have a bit of knowledge around the history and acknowledge that when I work with them. (Participant No.16)

I can get a deeper understanding or a deeper empathy when I'm in these meetings with Families & Community Services and they're formulating safety plans before, during or after removal, and how when I look at them [Aboriginal families] I understand that they're not processing the information. Not because they don't want to, or they don't have the intellectual capacity to do that, but because of the trauma that they're going through, they simply can't process the information. (Participant No.2)

One participant observed how cultural insensitivity influenced the processes leading up to the removal of Aboriginal children. They were able to clearly identify the approaches that lead to practices that were likely to re/traumatise Aboriginal families:

We see quite a number of removals. And yes some certainly need to happen. But it's all those processes leading up to the removals and I think where - and I don't know

what training Family & Community Services have had in regard to trauma and the trauma that they basically inflict on these families. And some case workers are very good and they'll do that 'are you understanding what I'm saying? Can you tell me what I've actually said to you'. Whereas some will go into those meetings and say '1, 2, 3 and 4'. I go away and I've sort of got it. They [Aboriginal families] go away and they simply haven't processed that information. (Participant No.2)

One participant questioned the depth of understanding of the effects of trauma in Aboriginal communities among practitioners generally:

They might have a vague idea about it, but nothing really. You know, they have a vague idea. If you said 'stolen generation[s]', they'd said 'oh yes, of course', and they'd know what that meant but that would be as far as it went. They wouldn't be aware of the sort of deep trauma that exists in families today and all that kind of thing...And then they go over that case with us and we sort of try and help in terms of what might be needed or what they can try and all that kind of thing...And that's when it comes up, like about the trauma. That's always - it's almost like educating people through that process. (Participant No.12)

### ***2c. New Ways of Working***

One participant discussed changes in their practice with Aboriginal families since attending the training that has resulted in seeking out new interventions to avoid an Aboriginal child being placed in care:

I'm focusing in on this grandmother that's watched the whole family just disintegrate. So I think I've been a bit more vocal over that one since the training, because is there something else we can, let's try something else before we go down that track. And it's just the thought of her losing - it's awful, really awful. (Participant No.7)

One participant spoke of their need to be familiar with culturally appropriate services when referring Aboriginal families to other services for counseling and support for trauma-related issues:

If you're an Aboriginal person and you're part of the stolen generation, you can go and see them and they will help you counselling wise get through that. But they'll also help you find your family. And your roots. Now if I'd known that, but I was too ignorant. I didn't know about it. I would have put her in touch with those people [NSW Link Up] straight away, because she trusted us with that information. And did what I thought was the right thing at the time, but when I got educated more with your stuff, well then I would have done it differently. (Participant No.3)

#### ***2d. Using a Trauma Framework With Non-Aboriginal Families***

In their interviews, the participants reported being able to take their new knowledge about trauma and how it manifests, and apply that to their work with non-Aboriginal families as well as Aboriginal families:

I think it's not just Aboriginal families. It's also families from other backgrounds - non-English speaking families as well. It's helped in both. (Participant No.13)

It helped us in terms of our practice with looking at Aboriginal kids and kind of looking at what's going on for them, and raising the question 'is this generational trauma?' But it's not only helped us with the Aboriginal community, it's helped me with the non-Indigenous also. Because I think it is that generational trauma. So I know from the Aboriginal people, it's stolen generation[s]. But for the non-Indigenous, it could be some of that also with kids that have been in the foster care system. It might be other generational trauma stuff. (Participant No.3)

One participant discussed how their new knowledge around trauma had been helpful when working with non-Aboriginal clients impacted by natural disasters, such as a bushfire:

Look I think it's developed my practice a lot. We often talk about it in program managers meetings that it was excellent training to go to. I think that you can even – like I even managed to reapply it with the people I working to in the bush fires because of the same impact that trauma has. So the work that I learnt with you, certainly helped. (Participant No.2)

## ***2e. Applying Trauma Lens to Reflective Practice***

Being able to reflect on and learn from practice is a valued skill in child protection and welfare work. Participants reflected on how to minimize further trauma to Aboriginal families whilst at the same time protecting children at risk:

I'm just thinking it just makes you more respectful, I think, when you're working with families, to know that this is just not something that's happened just in the last few years. This is years, and years, and years of stuff. And I was going in 'we're not going to be undo any of that'. So focus on the child safety but be really respectful and mindful of the families and what they've been through. (Participant No.3)

So that would have been trauma and traumatic for them, and so not able to parent probably the best as they wanted to and then that sort of gone down with their children. The grief and trauma, I don't think you get away from it as easily – it just doesn't go away, it's always there. (Participant No.1)

One participant identified the value of training in guarding against becoming desensitized in their practice with Aboriginal families:

It has proven for me to be invaluable. I'm still going to make mistakes. I know I'm still going to mistakes and I'm still going to - I think in the welfare industry, you can

forget a little bit - what's the word where if you're subject to something – desensitised. I think you get desensitised to what you're seeing specifically with Aboriginal families because a lot of them will present with similar type issues. And you're dealing with a lot of kincare and a lot of families who take children temporarily and that type of thing. I think these types of training take away that desensitisation and get you to come back to like a beginning point where you then do that whole reflective cycle again and go 'yep, well I might be seeing that a lot but there's a reason why I'm seeing that'. (Participant No.2)

Three participants considered how the training impacts their overarching practice:

I think just everything that I do now around Aboriginal people, it certainly changes. (Participant No.17)

I'm a bit more mindful about the trauma and everything (Participant No.7)

To take consideration of what's happened. I don't know. I've known about all - in the training that we've received, ongoing training that we receive and speaking to our Aboriginal colleagues, we kind of know all that information.

But doing your specific training, I think that's further information that we didn't know. How it impacts on our actual work on a day-to-day basis. (Participant No.14)

### **8.12.3 Theme Three: Perspectives on Effective Adult Learning Strategies**

The training process attracted much comment in the interviews and was a main theme in the NVivo analysis. Several subcategories emerged, specifically relating to the method of delivery, the interactive process, the presenter's use of self-disclosure and the importance of authenticity in telling the historical experiences of Aboriginal people.

### ***3a. Engaging Approaches***

Adult learning strategies employed included visual learning tools. Participants commented that the use of visual learning aids to highlight trauma related behaviours and trauma symptoms enhanced their learning about the impact of trauma on Aboriginal families:

Gosh, I still talk about it. And for lots of reasons. So what I took from it is - I'm visual, so I just remember the effects - how trauma would present in our families, in our Aboriginal families, and I just tick every box. (Participant No.17)

I was taken aback by how much I don't know. And I remember learning about the intergenerational trauma and particularly, you know, when you stuck all those pieces of A4 around the room. (Participant No.16)

One participant noted the importance of the interactive approach of the course.

You have a particular style as well. So your style of training - you're quite interactive with us so our participation was quite important as well. (Participant No.14)

Although one participant expressed concern about the harm caused to Aboriginal people by non-Aboriginal people, they were grateful that there was no guilt implied towards the participants in the training course:

It was hard to listen to, and you take on a bit of that - you know, such and such is - you certainly didn't end it that way. You know, why a lot of us felt 'gee we've done some horrid things that you talk about the ending of it, you know, there's no need to be guilty about it. (Participant No.4)

### ***3b. Power of Personal Story***

Several participants described how the personal story of the facilitator and the history of familial removals enhanced their learning experience and made the information more realistic and relatable to their work with Aboriginal families:



As a white woman working in welfare, being able to have a bit of insight and personal stories and all that sort of stuff - it just makes my job - it puts it into context a bit more....But I also remember an acute awareness of it being in line with the human kind of thing. It was sort of put it in reality instead of just reading it out of a book. It made it more real. (Participant No.1)

I remember your story. I remembered how you put up that - the timeline that becomes - makes it more clear. I think, and you relate it back to what was going on in your family, and I think that helps cement [it] for me. I certainly remember how you related that mental illness - how you related all the issues that are here now a result of the trauma and experiences of the past generations and how it can just all feed through. I certainly remember that. (Participant No.4)

I guess it was a mixture between telling your own personal story, but talking first about the history of Aboriginal people's history and relating that back to law and relating that to current day and the child protection legislation now. So I guess having that framework was really useful. (Participant No.6)

It was a really different way of looking - like a more personal way of looking at it. (Participant No.1)

I think when you're looking at anything that has to do with like trauma. Anything that has that emotional/psychological context to it. Like to take it from the abstract and make it more real. Like this actually happened. (Participant No.9)

A number of participants referred to the importance and the power of an Aboriginal presenter speaking from their own experience about Aboriginal history:

But if you had a different person doing it, it may not be carried on so strongly because it may not - I mean, you told your story. (Participant No.6)

I think I'm just so appreciative of you as a facilitator sharing your history with us because I think sometimes personal stories are the ones that have the most impact.

Like, I mean, it actually makes it real. (Participant No.9)

I think that the fact that you had experienced some of these things in your own family, made it a real, and it made it today, not something in history. And I think it probably should be presented by Aboriginal people who - and I know it's hard for Aboriginal people to share that sad history, so it might not be a healthy thing for them. But that was certainly part of the impact of it for me and how important it is. And it's not history. It's now. It's happening now. (Participant No.11)

#### **8.12.4 Theme Four: Workplace Training Needs and Pre-Service Learning**

Participants described a lack of accurate information about Aboriginal history at all levels of their education and a lack of in-depth education about trauma in undergraduate level courses. They discussed their experience of trauma education in the workplace, the need for cultural awareness training to be relevant to their work, the need to repeat training to embed learning into practice, and the systemic barriers to trauma education.

##### ***4a. A Lack of Accurate Education About Aboriginal History in Schools***

Participants discussed the absence of accurate, in-depth information about Aboriginal history in their schooling. Examples of comments made are provided below:

I guess when I came through school, and it could be different lots of other people who are coming through now, we didn't get any of this. We didn't get taught any of the real stuff that happened. We got the Captain Cook hoohah, and that was about it.

(Participant No.4)

I think for someone like myself, I found real benefit in it because I haven't had much exposure in my personal life to what's happened in the past. I remember learning about stuff but on a very basic level at school. (Participant No.16)

When you've got ignorance, you get prejudice, racism, you name it – we should all be told. We should have access to the training, to the history and it should be compulsory through schools with everything, not just the nice things. And I'm not saying you do it in kindergarten class, and I'm talking about high school. In the Primary, it's lovely that they do the painting, the dot painting, and in NAIDOC Week and whatever, I think that's fantastic. But when it gets to high school, I think they really should be taught exactly what went on. How do we stop it? How do we stop something like that ever happening again if we don't have the knowledge of what's gone before? (Participant No. 7)

One participant noted that neither the school system nor their home and social environment provided them with knowledge about Aboriginal history:

I think that having grown up in an Anglo Australian family going through the public school system, I don't think the knowledge, information has been available to me that was provided in the course. (Participant No.11)

#### ***4b. A Lack of Accurate Trauma Education in Undergraduate Degrees***

Participants were critical of the cursory approach to the subject of trauma in their tertiary studies:

No, not as a particular subject. It's been touched on. You know, people have mentioned this trans-generational trauma but I've never actually done any in-depth stuff on the trauma. (Participant No.7)

Even at Uni, it just wasn't as in-depth. (Participant No.16)

Even when I did Aboriginal studies and stuff at University, it [trauma] wasn't discussed. (Participant No.8)

One participant discussed how they were left with a sense of fear around working with Aboriginal people at the completion of their degree:

There was nearly a creation of fear around working with Aboriginal families and I'd like to see that sort of diminish. They've created this big 'oh - be careful'. We're all human. And I think that would be really lovely if you didn't walk out of your degree feeling like you can't work with Aboriginal families. (Participant No.4)

#### ***4c. Trauma Training in the Workplace: Formal Workplace-Based Trauma Training***

While it was not part of the question protocol for the study, participants discussed trauma training in their workplaces. The interviews revealed that some participants had attended formal workplace-based training, however they reported that the curriculum did not include the necessary information about trauma in relation to Aboriginal families and was not readily applicable to practice:

So a lot of that was just statistic stuff, and looking at our own area. A lot of we have. Which was good in some ways, but we certainly don't get to look at it and spend time with it and talk about it and you know, really kind of embed it in our thoughts, if you know what I mean? Like how we can apply that to casework. (Participant No.15)

One participant noted that previous trauma training had not addressed trans-generational trauma:

We've done little bits but not on the trans-generational trauma. We have touched on trauma. (Participant No.7)

My case worker, CDP training, did give me some of that information. But it wasn't an in-depth as the training that was provided. (Participant No.11)

#### ***4d. Incidental On-the-Job Trauma Training and Supervision***

The majority of participants reported that education about trauma happened in informal ways in the workplace; incidentally, on-the-job and in external supervision. Participants cited instances where a trauma approach had been used in case-discussions, though not intergenerational trauma associated with Aboriginal families:

And often we look at trauma related symptoms in children, opposed to adults and parents and families and communities and stuff like that. Like we do look at that, but just not the same way that we did with you. (Participant No.16)

So we don't do that specific training here. We might look at Sexual Assault or Domestic Violence and we might look at inter-generational stuff from that perspective. But we haven't actually run - we've done some training on the Aboriginal consultation process, but I don't - we haven't – and we've had probably had about half an hour to 2 hours on Working with Aboriginal Children and Families. (Participant No.15)

And I think also the other important key here was looking at the trauma, inter-generational trauma, and looking at that in terms of Health (Participant No.3)

On-the-job training has built on the existing knowledge base of one participant. We got a little bit in CDC [Casework Development Course] – I did CDC. We got a little bit. But I've sort – what I've learnt, I've learnt on the job and just from doing my own stuff. (Participant No.17)

The training reinforced, for this participant, the importance of engaging with Aboriginal consultants in decision-making about Aboriginal children and families:

It also assists in encouraging that deeper thinking about the clients that you're working with and sourcing - we've got an Aboriginal consultation panel down here, and so making sure that you consult with Aboriginal staff members about your

Aboriginal families and - I don't know. It just put things more into context, I think.

(Participant No.16)

One participant sought external supervision as an extra support and source of information about trauma:

We don't do a lot of stuff about trauma and impact on development and that. So it's been a huge learning curve, to the extent I've gone to external supervision for that kind of information. (Participant No.9)

One participant employed in the statutory organisation for 3-5 years and commented they had not ever attended trauma training:

*I haven't as yet, personally... That's not happened.* (Participant No.12)

#### ***4e. Cultural Awareness Training Inadequate***

Cultural awareness training was not considered to be effective training for child protection work by the majority of participants. Below are some quotes providing examples of the theme around the contrast between previous cultural competence training and the training provided as part of this project:

Like I said, I've been in the sector for now all up nearly 9 years and there's so much training that I look back at and I go 'oh wasted opportunities, wasted opportunities'. So I really felt that this was relevant and some of the best training that I've received in that full 9 years. (Participant No.5)

I always tell people that I've had two trainings in my whole work, in my whole life probably that have really changed my way. And I can say that I've had three now. And yours is one of those. And that includes my degree. And I think having my degree was great, but not a whole lot of that's going to necessarily change my day to

day practice. But your presentation did. And so I'm just so grateful that I came up.

(Participant No.3)

In the following quote, the participant discussed their frustration about past cultural awareness training that failed to address the key issues relevant to day-to-day practice:

I couldn't find a solution and felt frustrated when we did cultural training but no one was really putting the real issues on the table. We were talking about, you know, the cultural worker would come with didgeridoos and all that kind of stuff. And I felt well, actually I don't want to know about that. (Participant No.3)

The participant thought the training answered questions they had about Aboriginal people:

We do cultural training down here. I've often thought it's very tokenistic.... But I think some of the cultural training we've had - I don't know, I don't think it answers the questions for us, but I think yours did. (Participant No.3)

The implementation of ongoing professional development and repeat training courses needs to be embedded learning in child protection training. Two participants suggested that the training be repeated on a regular basis to help embed the learning into practice:

I mean I wouldn't even hesitate in coming back to listen to exactly what you said before again, so I could go 'yes' and I'd probably have a bit more deeper understanding again, and then be able to reapply that. I think that that reflective cycle is critical. (Participant No.9)

Perhaps once a year for the first 2 years and then once every second year or something like that, as being part of the training. I think that would be really

helpful. I just think there was a lot of material and it was all needed and it was good material, but it's hard to ingest and digest that the first time you hear it. And I think as a non-Indigenous person, you need to hear that kind of thing a number of times... I think it's that kind of training that, in fact, you probably need to do annually just to have a refresher and just to - because I think there was so much in it, and there wasn't too much. (Participant No.10)

#### ***4f. Systemic Barriers to Effective Trauma Specific Training***

Several participants identified a number of systemic barriers that did or could hamper their trauma education or that of others in their organisation. One participant noted that the presence of managers in the same training as front-line staff might impede front-line staff from participating fully in training:

I guess I would be wary of putting - I think sometimes what will happen is if you have management in the same room as your frontline staff, you get different responses.  
(Participant No.5)

Sometimes it was not exactly clear what the systemic barrier was, as is evident in the exchange below:

Interviewee: And it's a shame that we didn't have more people there because it would have - there was more people wanting to come.

Interviewer: Really?

Interviewee: Yes, there were really. There were a lot of people who were bummed out that they weren't getting to go and so I don't know what happened there. And especially after we came back and said that was great training. It sucked that you didn't get to go. (Participant No.5)



For one participant, their workplace had ceased regular in-service training:

No. No. And we get even less training now because at one time Thursday mornings was a day when we'd have training - every Thursday or something would happen. That's been stopped. (Participant No.7)

The next chapter discusses the findings in relation to the existing research literature and the implications for Aboriginal specific content, trauma focussed child protection training, trauma informed child protection practice and the need for trauma-informed organisations and also addresses the limitations and strengths found in Part 2 of the research study.

## **Chapter 9: Discussion of Interview Analysis**

### **9.1 Introduction**

The qualitative methodology offered rich insight into the participants' experiences and learning in the training course through critical thinking and reflection. Brookfield (1987) writes on the importance of developing critical thinking skills and questioning 'the assumptions underlying our customary, habitual ways of thinking and acting, and then being ready to think and act differently on the basis of this critical questioning' (p.1). The interview data would suggest that the course was successful in supporting critical and reflective thinking for the participating practitioners as this relates to their child protection work with Aboriginal children and families. The process of reflection is defined as 'returning to an experience, attending to feelings connected with the experience and re-evaluating the experience through recognising its implications and outcomes' (Payne, 2002, p.124).

Participants demonstrated strong recall and retention of the training content. They described drawing meaning from the curriculum and applying this new knowledge to their child protection practice, as well as in their personal lives. This chapter brings together the research literature and the qualitative findings to discuss key overarching issues in the provision of trauma focussed training to support improved practice for welfare practitioners working with Aboriginal families and communities, including: the use of Indigenous storytelling as a valuable groupwork technique; understanding multi-generational forced removals of Aboriginal children within the historical and socio-political context; the importance of formal training in preparing practitioners to work effectively with Aboriginal

children and families; understanding trauma and the use of trauma informed principles, and; managing participant reactions in training.

## **9.2 The Power of a Personal Story**

An important element of the training course noted by the majority of participants was the self-disclosure and personal story of the facilitator and researcher. The use of 'self-disclosure impacts considerably on the way in which a relationship is constructed and maintained' (Maidment, 2006, p,119). Participants reported that the candid and honest discussion about the life experiences and the familial and personal story of the facilitator enhanced the learning experience and this was a key factor in ensuring the new learning was sustained. Participants reported that the use of self-disclosure in the training course assisted them to develop more positive attitudes toward Indigenous Australians.

Within the discipline of psychology, self-disclosure has been negatively framed because of psychoanalytical philosophies and traditions in which there is concern that self-disclosure could have a 'detrimental effect on the client' and that it 'irrevocably contaminates and damages the therapeutic process' (Bradley, Tuton & Hemmings, 2019, p. 4). Direct client-worker relationships were not part of the training course described in this study. Rather, social work groupwork theory was employed for a collective intergroup experience. Self-disclosure was an effective and integral part of the training workshop within a groupwork setting, although this approach challenges the traditional western prescribed professional social work boundaries as 'social work students are strongly socialised in their training and education to keep a distance' (Maidment, 2006, p.116). The practice of many social workers is cautious, formal and seeks to avoid unwarranted ethical accusations (Witkin, 2000). Traditional social work practice formed the position that seeing the 'social worker as a real person' would interfere with the professional relationship (Dietz, 2004, p.3). However, the experience of seeing the real person, hearing the lived experience and story and

the real history from an Indigenous social worker was shown in this study to enhance both the learning experience and the relationship for the participants. This finding is consistent with those of a recent Australian qualitative study, which also found that non-Indigenous practitioners benefited from knowing about historical and current events along with hearing directly from Indigenous people concluding:

Practitioners commonly expressed the view that understanding historical and current inequalities improved their work, and that some of their best learning came from listening to the stories of Aboriginal and Torres Strait Islander people. (McAuliffe, et al, 2016 p, 374)

It is evident from the responses of the participants that experiencing the development of a personal relationship with the facilitator was of importance to their learning, as the connection to the personal stories augmented and consolidated the training content and provided greater awareness of the lived experiences of Aboriginal families impacted by forcible separation and assimilation. Developing a rapport with learners and minimising the inherent power imbalance between facilitator and learners can be achieved through the use of self-disclosure because it ‘signals a personal investment in [the] interaction, creates connections, and reduces the teacher–student distance’ (Henry & Thorsen, 2018, p.2).

The notion of self-disclosure ‘challenges the formative Western traditions of what constitutes an appropriate worker–client relationship’ (Maidment, 2006, p.117). Even within the professional literature practitioners are warned against the use of self-disclosure (Maidment, 2006). Early social work ethics were focussed on the client-worker relationships, but the focus has recently taken a broader stance and is ‘more directed toward the professional behaviour or conduct of the social worker’ (Dietz, 2004, p.5). While social workers are employed in advocacy and community work, policy development, education and

training, and work in Government and non-Government agencies (AASW, 2019), the discipline remains underpinned by the notion of ethical professional practice.

The Australian Association of Social Workers (AASW) code of ethics is based on core principles which value professional integrity, social justice, respect and the promotion of human rights (AASW, 2019). While the AASW code of ethics was developed without the input of Indigenous Australians (Maidment, 2006) eventually the experiences and knowledges of 'Indigenous Australians were recognized in the 1999 AASW Code of Ethics' (Yu, 2019, 747-748). Indigenous voices and views present the opportunity for practicing social work outside of the dominant western domains. A key finding in the study was the participants' appetite for hearing an Indigenous voice with lived experiences. Participants also learned that Indigenous people value personal information about their workers and this knowledge builds trust in the relationship which is often contrary to cautions against self-disclosure (Hollinsworth, 2013).

Understanding how to effectively communicate with Indigenous peoples is essential for all practitioners because it is necessary to building trust, and that means challenging traditional professional attitudes that see 'self-disclosure and storytelling' as dangerous or unprofessional (Maidment, 2006). For participants attending the training course, the use of Indigenous storytelling painted an illuminating and vivid picture of Indigenous people's experiences within the welfare state and strengthened their interest in the curriculum and increased their retention of the training knowledge and skills. The findings of this study about the power of a personal story are similar to those of a recent Australian study, which examined the experiences of undergraduate nursing students enrolled in an Indigenous health subject and found that participant learning was enhanced and sustained when the teaching was delivered by an Indigenous person who had 'first-hand' experience and a connection with the issues' (Ramjan, Hunt & Salamonson, 2016). Providing participants with the

opportunity to hear first-hand from the facilitator, whose personal story conveyed experiences of racism, oppression and systemic abuses through government sanctioned removal laws, encouraged the participants to ‘reflect on their own racialized experiences and develop empathy that challenges a ‘blame the victim’ mentality without being immobilized’ (Young & Zubrzycki, 2011, p.168).

The research participants reported that the personal storytelling approach was unique and a departure from the usual vocational training experience because it intensified their learning. Harward (2015) describes the power of this process in the following terms: ‘storytelling enhances recall and improves retention as learners associate the new skills with the heart of the story’ (p.30). The personal stories used in the training course connected the participants to the content, curriculum, culture and the lives of Indigenous people because ‘they have a power to reach deep inside us and command our ardent attention’ (Gay, 2000, p.2) and ‘arouse interest in learning as students become engrossed not only in the story itself but in the culture or social context in which it is told (Gay, 2000, p3). Participants were able to connect to the curriculum because of the personal nature of the storytelling and the emotional element of the stories of the facilitator’s familial and own personal removal experience.

Bringing an oral intergenerational narrative to the training curriculum enabled participants to understand that the past and the present are inextricable enmeshed in their child protection practice. This important concept was clearly articulated in the narrative of the participant interviews which also highlighted the implications for current child protection practice. The story telling approach demonstrated how the ‘personal is political’ (Rogan & Budgeon, 2018) and how the political was personal for Indigenous people and their culture, which was rendered powerless by politically driven discriminatory laws, policies and practices. The ‘personal is political’ mantra was a consciousness raising term about feminist

discourse that was first used in the 1970s, by Carol Hanisch, (Rogan & Budgeon, 2018) an American feminist, who sought to promote equality, liberate women, and challenge inequity and structural power systems that oppressed women. Similarly, oral histories and personal stories were used in the training course to link the personal to the political, to deconstruct the dominant story about cultural imperialism and the oppression of Indigenous Australians to reveal the truth by 're-righting' Indigenous experiences at an individual and structural level (Tuhiwai Smith, 1999).

Indigenous biographies, storytelling and oral histories draw on a wealth of intergenerational story telling networks (Haag, 2008) which have largely been overlooked in colonial Australia. Indigenous writers such as Jackie Huggins, Ruth Hegarty and Nugi Garimara, whose work, 'Under the Wintamarra tree' was turned into the film 'Rabbit Proof Fence', seek to articulate their own personal experiences by 'achieving a new recognition of their formally suppressed and denied 'indigenality' (Blasio, 2008, p.32). The use of personal oral histories and a story telling approach utilised by the facilitator in the training aimed to provide the necessary visibility of the cultural and personal losses of Indigenous Australians which have been 'entirely obscured, or largely misrepresented by government bureaucrats in racist and patronising narratives and reports' (Blasio, 2008, p.32).

### **9.3 Understanding Multi-Generational Forced Removals of Aboriginal Children**

Participants reported gaining a new and an in-depth understanding about the devastating impact of forcible separation and assimilation for generations of Aboriginal children as a result of attending the training course. The course presented information on how the Indigenous Australian experience is distinctive from other cultural groups in Australia because Indigenous people today are likely to have great grandparents, grandparents and/or parents who have been starved, murdered, imprisoned, forced off traditional lands, stolen

from their mothers and fathers and have multiple generations of family members placed in the out-of-home care sector. Between 1883 until 1969 when the Assimilation Policy was abolished (Human and Rights Equal Opportunity, 1997) it is possible that up to five generations of children were stolen from their Aboriginal families and communities. Another two or three generations of Aboriginal children could have been removed from their families as a result of care and protection legislation between 1969 and 2019, which means there may be some Indigenous families who have had an inconceivable total of seven or eight generations of child loss (Menzies, 2020). Overwhelmingly, participants recognised that this information is critical and needs to be core working knowledge for all practitioners working with Aboriginal families in the child protection system.

Participants described being shocked to learn about the multi-generational and systemic removal of Aboriginal children, and particularly about the recency of the removal practices and policies as some of the participants were born around the same time and had never realised forcible separation and assimilation laws, practice and policies were operating in their own lifetime. The participants also said doing the course was the first time they connected multigenerational removals to contemporary Aboriginal families currently involved with the child protection authorities. As a group, participants described being surprised that even when the Assimilation Policy was officially dismantled in 1969, Indigenous children who were in care as wards of the state were not returned to their Indigenous families. The placements were uninterrupted, leaving Indigenous children with their adoptive or foster family or living in an institution (Royal Commission into Institutional Response to Child Sexual Abuse, 2017). Unpacking the chronology of events for participants was acknowledged as providing new insight. For example, an Aboriginal child who was removed under the Assimilation policy in 1969 would have been discharged from wardship at 18yrs old in 1986. The 1990's and 2000's saw the adult children of the Stolen Generations



have babies. However, because of their own trauma associated with being in care (e.g. widespread experiences of family domestic violence in adoptive or foster families, and sexual and physical abuse and neglect in substitute families and in institutions), their own children were taken into care due to ‘risk of significant harm’ (ROSH) legislation, leaving the grandchildren of the Stolen Generations in care today. Participants described finding it valuable to work through these timelines and understand how these earlier policies were still having an impact during their period of employment in the child protection sector. The participants described some of the information shared in the training as challenging their previously assumed commitment to transparent child protection practice, which is to adhere to the preservation of Aboriginality as outlined in section 13 of the Aboriginal child placement principles in the NSW Children and Young Persons Act (1998).

The importance of this finding is emphasised by the findings from a Victorian study by Harms and colleagues (2011), which provided Indigenous people with an opportunity to voice their concerns and identify the issues that they deemed important for practitioners to understand when working with Indigenous people and communities. Results from this study made it clear that, for Aboriginal people, the historical legacy is very much alive in their current experiences and must be understood by practitioners. The impact of forced separation and the Stolen Generations experiences on communities and families has created inter-generational loss that communities are still working to heal from (Harms et al., 2011). Practitioners working in child protection services need to learn, reflect and study the impact of this history and the consequences for Indigenous people because the learning from the training is critical to the transfer of the information to the workplace (Schultz et al., 2018). It was evident from the participant responses that for many there was a ‘light bulb moment’ in the training course when they learned about Indigenous Australians and the legacy of forced separation.

## 9.4 Understanding the Historical and Socio-Political Context

Participants described developing a stronger sense of injustice and greater sensitivity towards Indigenous people when they recognised how *past* policy and practice has previously, and continues to, impact on the lives of Aboriginal parents and children. Many participants reported that their level of empathy had intensified for Aboriginal people now they understood more about Aboriginal people and Australian history, and they recommended the mandatory implementation of the training course across their entire organisation. This finding is consistent with the literature, which recognises the importance of child protection staff having access to training that incorporates the ‘interaction between past child welfare authorities and Aboriginal people from the late 1800s in New South Wales’ (Davis, 2019, p.180).

The training course examined the historical and socio-political content of Aboriginal people’s experience within the welfare state, which participants identified as crucial and necessary knowledge for their child protection practice. The importance of providing this type of training for welfare practitioners was acknowledged in the *Family is Culture Report*, which states ‘a fundamental requirement for professionals working in the child protection regulatory space in order to effectively understand and service the Aboriginal population in NSW’ demands they must be ‘educated in the history of Aboriginal people in NSW’ (Davis, 2019, p.180).

As a result of the training course, many participants clearly recognised the need to understand the historical and socio-political context because of its relevance to the Aboriginal people’s past lived experiences and their present child protection work. This timeline of events provided participants with an understanding of the role of the Aborigines Protection Board, and the several waves of oppressive laws, policies and practices that were designed to govern and control Indigenous Australians following the dispossession of the land by English

invaders (Menzies, 2019). For many participants this information increased their understanding of the racist procedures of previous child welfare authorities and also allowed them to develop an appreciation of the fear that underpins the reluctance of some Aboriginal families to engage with child protection agencies and professionals. Aboriginal children and families can be triggered by previous involvement with child welfare authorities as ‘parents can exhibit emotions such as anger and fear, which may get interpreted as being directed at the child welfare worker or others in the system when they are in reality emotional reactions to their own histories’ (Thompson, 2018, p.185). The training provided a context for participants to recognise these fears in Aboriginal people and the need de-personalise their own feelings and understand the fear lies with the power and authority the organisation wields over vulnerable families.

The political framing of Aboriginal experiences of forced removal and assimilation needs to be located within the context of the Australian story and not compartmentalised or confined to describing it as ‘Aboriginal history’. Nor should the experience be placed into either a ‘black’ or ‘white’ version of Australia’s history. While the information about Australia’s history and Aboriginal people within the welfare state was new for many participants, they were able to recognise this knowledge has a place in their child protection practice. Deliberate attempts were made in the training to avoid the risk of allowing Aboriginal experiences to be classified as Aboriginal history, and to ensure that non-Aboriginal people could not distance themselves from the experience or believe they don’t need to know about it because it relates to Aboriginal people. Menzies and Gilbert (2013) discussed the importance of practitioners ‘deconstructing and accurately reconstructing Australia’s past with an honest and truthful narrative’, one that avoids a ‘discriminatory dominant dialogue’ (p.61). While the term ‘Stolen Generations’ is part of the Australian

vernacular, participants were largely unaware of the experiences this term encapsulates, and most certainly did not connect this with their current child protection practice.

Participants were able to describe the need for greater sensitivity in their child protection practice with Indigenous families impacted by the Stolen Generations as well as Indigenous families who don't carry the familial and personal scars of removal but carry fears about racial discrimination, oppression and subjugation by government authorities. This new knowledge allowed participants to recognise the implications for their practice and the ongoing impact for Aboriginal children and families who are currently involved in the child protection system. These findings were consistent with the *Family is Culture Report* (2019) which notes, 'parents are judged for their lack of engagement with FACS caseworkers without the slightest regard for the historical antecedents of Aboriginal peoples' mistrust of the state' (Davis, 2019, p.XXX).

## **9.5 No Prior Education or Vocational Training**

Many participants acknowledged that they had no prior knowledge or previous learning experiences in either their school or tertiary studies or in vocational training about the historical and socio-political child welfare laws, policies and practices. The reality of 'colonialist, paternalistic and assimilation legacies entrenched in educational institutions' (Fernando & Bennett, 2019, p. 51) means that many practitioners may not have been exposed to the reality of Indigenous people's life experiences and trauma in any prior learning situation. As a result of the gap in education practitioners may bring racist opinions, disbelief about the history of Indigenous people and hold pro assimilation views.

The lack of Indigenous curriculum has been acknowledged by very senior members of the Government. For example, the newly appointed Tasmanian Premier, Peter Gutwein, made the following remarks at a reconciliation event in February 2020: 'I was schooled during the 1970s and 1980s, and like many of my generation I was taught little about the

richness of [Aboriginal] culture and even less about the sadness of our history’ (Alvaro, 2020). Similar disconcerting results from the Australian Reconciliation Barometer Survey found that 63% of Australians do not accept the negative impacts of colonisation as the cause for Indigenous disadvantage and believe Indigenous people are responsible, preferring to place the blame on them for their plight (Reconciliation Australia, 2017). The survey found that 44% of Australians rely on the media as their main source of information about Aboriginal and Torres Strait Islander people (Reconciliation Australia, 2017).

It is important that current welfare practitioners do not feel burdened by guilt or feel blame for the past wrongs inflicted on Indigenous Australians. Equally, it is important that they understand they can play an important role in redressing current inequities. To avoid and minimise potential feelings of guilt held by non-Indigenous group members in child protection training, the notion of collective guilt is addressed in the introduction session of the training. In the training course, participants are reassured that the curriculum does not seek to imply, or place blame, guilt or shame on any individuals for the colonisation of Australia by Europeans. The results from the analysis of the Phase 2 interview data reinforces the need to understand that we must all take responsibility for our future and ensure the story of our nation is deconstructed and reconstructed accurately to acknowledge and embrace the Indigenous experience.

There are implications for ineffective practice with Aboriginal people if practitioners are without a comprehensive understanding of ‘cultural responsiveness or cultural understandings’ and when they have encountered ‘vocational training lacking in content specific to Aboriginal people’ (Fernando & Bennett, 2019, p.48). Degrees from psychology, social work, criminology and social sciences are the preferred bachelor level qualification for those practitioners entering the field of child protection (Bromfield & Ryan, 2007; Tilbury, Hughes, Bigby & Osmond, 2017). Both the disciplines of psychology and social work offer a

specialised professional degree program, although questions have been raised about the quality and the quantity of Indigenous content in these qualifications as there appears to be little evidence in the literature to confirm that undergraduate students have core and tailored access to Aboriginal specific content in their tertiary studies (Clark, 2013; Fernando & Bennett, 2019). Specifically, the entry level qualification for the NSW Department of Family and Community Services Caseworker is a degree in the field of Social Science, Social Work, Psychology or Welfare (NSW Government FACS, 2018). A Child and Family Practitioner, OOHC, with the Benevolent Society requires a qualified degree in social work, early childhood or psychology (The Benevolent Society, 2018). A Caseworker with Barnardos requires formal qualifications in social welfare or the equivalent (Barnardos, 2020). These agencies were selected as they are the representative organisations in this study.

The presence of relevant Indigenous curriculum for welfare professionals in university courses was identified as essential in the *Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People Report* (Behrendt, Larkin, Griew & Kelly, 2012) which notes:

Indigenous perspectives and knowledge, translated into curriculum, teaching practices and graduate attributes, can make important contributions to helping professionals meet the needs of Aboriginal and Torres Strait Islander communities. Where professionals are being trained to work in fields with Aboriginal and Torres Strait Islander clients, business partners and/or communities, they should learn relevant knowledge and gain an understanding of contemporary Indigenous issues to help them in their professional work.’ (Behrendt, Larkin, Griew & Kelly, 2012, p.14)

Recently, Australian universities have witnessed positive action towards the inclusion of Indigenous and cross-cultural content into tertiary degree programs across education and

health. There is concern that social work and psychology lag behind (Clark, 2013). In recognition of the limited Aboriginal specific content in university degree programs, the Australian Indigenous Psychology Education Project (Dudgeon, 2016, p.12) developed guidelines with the aim of providing 'Indigenous knowledges and content in undergraduate and postgraduate psychology training'. To address the gap in social work curriculum, the teaching and learning framework titled *Getting It Right* (Zubrzycki, et al., 2014) was released in 2014 to ensure that social workers have access to Indigenous specific content. It is hoped that the curriculum recommendations will transform both professional degrees and provide graduates with relevant content about Indigenous experiences, events, issues and knowledges to equip them to work effectively with Aboriginal and Torres Strait Islander people, especially as these graduates are the preferred choice for child protection services.

## **9.6 Importance of Understanding Trauma and Using Trauma Informed Principles**

As a result of their participation in the training course, participants reported they gained transformative knowledge and skills about trauma. In addition to learning about different types of trauma, participants confirmed they learned how trauma manifests for Aboriginal families in the child protection services context. This new understanding allowed participants to identify trauma related behaviours and equipped them to understand, respond to and manage their relationship with Aboriginal children and families. The acquisition of the new information is a paradigm shift in child protection practice which requires welfare practitioners to understand the concept of trauma. This move requires not only an appreciation that there has been significant trauma, but that there are layers of trauma which are in turn tied to parenting competence. This shift necessitates that child protection professionals cease to assume that parenting difficulties are necessarily the result of personal inadequacy or failure, but instead as potentially symptomatic of trauma. Participants

described the need to withhold assumptions or form inaccurate judgements about parenting practices as they now recognised the need for the familial and parenting behaviours to be contextualised within a trauma framework. The Independent Review of Aboriginal Children and Young People in New South Wales Out of Home Care also emphasises the need for practitioners to avoid:

Being judgemental about parenting practices (which is repeatedly common in the reviewed case file notes), caseworkers must recognise that many Aboriginal parents who are in contact with the child protection system have had their parenting abilities adversely affected by intergenerational trauma and its compounding effects.’ (Davis, p. 21, 2019)

Participants found that the effects of trauma resulting from the forcible separation and assimilation laws, policies and practices are not limited to the members of the Stolen Generations. Understanding the ripple effect of the ‘race-based traumatic stress’ that exists within Indigenous communities and families and ‘the effects of multigenerational disruption on healthy familial and cultural development’ (O’Neill, Fraser, Kitchenham & McDonald, 2018, p.174) assists participants to develop protective strategies and provide support for the extended family networks to Aboriginal children and families currently involved with child protection authorities. Working through the factors that underlie the individual, intergenerational and historical trauma can assist practitioners to develop trust and establish family preservation interventions that are likely to produce positive outcomes for Aboriginal children and families.

Working within a trauma informed framework is an important advancement for child protection professionals, offering participants new knowledge, perspective, skills and tools. Trauma informed principles can guide the integrity of child protection work more generally,



but it is fundamental knowledge for working with Aboriginal children and families. Trauma informed practice has six guiding principles. Briefly they are: 1) safety; 2) trustworthiness and transparency; 3) peer support and mutual self-help; 4) collaboration and mutuality; 5) empowerment voice and choice; 6) attention to cultural, historical and gender issues (Jackson, 2018, p.42).

Participants identified the need for compulsory and mandatory workplace trauma training as many participants had no prior knowledge about the trauma models and theories or trauma informed practice. Participants were able to gain a sophisticated understanding for why trauma literature and theories can and should inform the work of child protection practitioners. Participants were able to recognise the intergenerational and ongoing impact of trauma and the injustices towards Indigenous Australians through their participation in the training course. This recognition is critical to trauma informed practice as it ‘acknowledges and names past wrongs and their long-term effects on people in the [Aboriginal] community and identifies the real cost of such long-term trauma’ (Green, 2011, p.219). Lack of this knowledge and appropriate trauma informed responses to traumatised individuals may inadvertently re-traumatise Aboriginal people, their family and their community by adding system induced trauma (Hinton, 2018) which is contradictory to trauma informed care as seeking to avoid further traumatisation is the fundamental principle of trauma informed practice.

## **9.7 Challenging Misconceptions and Prejudice**

Child protection professionals who have had little contact with Aboriginal people, or who have only met Aboriginal people in crisis, are likely to be influenced and have their opinions shaped by the media. [If welfare practitioners are relying on the media as a source of knowledge to assist them in their child protection work with Aboriginal families, it is highly probable that they will be ill advised on events, experiences and issues regarding Indigenous](#)

[people](#). Too often biased or prejudicial media articles construct Aboriginal Australian's identities in a homogenous way by portraying undesirable images and negative stereotypes and inaccurate narratives about Australia's history. Welfare practitioners are not immune to this information.

Like all Australians, welfare practitioners are exposed to wide range of negative images and ideas about Indigenous Australians. Providing participants with accurate narratives and personal lived experiences was a feature of the training course which helped participants to redress incorrect information that they had previously learned through schooling and tertiary studies, societal and familial contact. The depth of inaccurate and incorrect information about Aboriginal people was examined in a [study conducted by](#) Stoneham, Goodman & Daube (2014), which found that 15% of the coverage of Australian Indigenous health articles were positive and 74% of the media coverage was negative. According to Stoneham and colleagues (2014,) 'racism that is perpetuated by influential figures in the public domain, in this case the media as the storytellers of our society, is particularly devastating in that it fuels racist attitudes among the general public' (p.7). The harmful behaviours commonly identified in the negative media articles included 'alcohol, child abuse, petrol sniffing, violence, suicide, deaths in custody and crime' (Stoneham et al., 2014, p.3). Participants may have witnessed some of these behaviours displayed by Aboriginal people in their child protection practice prior to the training and were without an accurate framework to explain them or understand how to work with them. When practitioners are unsure about how to relate to Indigenous clients, or hold negative assumptions about Indigenous Australians, they may believe that anti-social behaviour or violence is caused by their 'Aboriginality' rather than as a result of trauma. Learning about Aboriginal trauma by drawing on trauma definitions, literature, theories and models of practice provided a clear, comprehensive and coherent framework for participants to

understanding the manifestation of trauma symptomatology that is incorrectly reported by the media in a derogatory or inaccurate manner, especially as ‘the majority of Indigenous Australians live without the over-consumption of alcohol, domestic violence, and the sniffing of petrol’ (Stoneham, Goodman & Daube, 2014, p.9).

There is evidence that prejudicial attitudes toward Indigenous Australians can be altered by having greater education, understanding and knowledge (Ramjan, Hunt & Salamonson, 2016). Workplace child protection training that focusses on Aboriginal experiences may contradict beliefs and assumptions that workers hold. Those with long held beliefs may feel threatened by hearing a different perspective about Aboriginal lived experiences (Fernando & Bennett, 2019; Green & Baldry, 2013; Menzies & Gilbert, 2013). Navigating these dynamics requires skilled educators who are able to confront and challenge negative mindsets while simultaneously ensuring that the learning space offers all workers an opportunity to express their opinion, feel heard and to encourage an openness to learning new information.

A key challenge in child protection training is to confront stereotypes, recognise and manage racism and deconstruct and reconstruct the history of Indigenous people and the welfare state with accurate detail. In order to do this, learning needs to take into account ideas of inequality, inequity, privilege, colonisation, racism and the historical origins to challenge learners to discover their own biases and explore their position in relation to Indigenous Australians (Fernando & Bennett, 2019; Green & Baldry 2008; Menzies & Gilbert, 2013; Whyte & Harms, 2009). This gives participants a chance to be aware of the assumptions and stories they carry with them and it is an important first step to allow participants to make the shift in their work practices. Participants expressed the positive outcomes they experienced through their participation in the training course because the curriculum addressed their own

pre-existing misconceptions about Aboriginal people by debunking the negative stereotypes and myths about Aboriginal entitlements.

Racism toward Indigenous Australians has a long history in Australia (Bodkin-Andrews & Carlson, 2016). Unfortunately, discriminatory attitudes towards Indigenous people may be held by some welfare practitioners who might bring their ideas and misinformation with them into the training room. Central to the discriminatory discourse about Aboriginal people is the false belief that Indigenous Australians are in receipt of ‘extra benefits’ and the inference that Indigenous Australians are ‘receiving cheques on a regular basis’ (Langton, 2013, p.134). These divisive and inaccurate messages disseminated in the media are usually without any analysis of the infrastructure that is likely to receive the money. For example, money may be allocated to building offices, payment of utilities and human resources, e.g. staff payroll before Indigenous people actually see the program or have access to the service working on the ground. The racist reports omit the real destination of the expenditure which is usually ‘to pay the army of consultants producing feasibility reports and evaluations’ which is ‘administered largely by well-paid white’ (Langton, 2013, p.134). The common conclusion for readers is that Indigenous people are receiving tax-payer funds when the media fails to provide an accurate and factual account for the ‘mysterious budget expenditure on Indigenous Affairs’ (Langton, 2013, p.134).

## **9.8 Managing Participant Reactions**

Part of providing successful training and being an effective educator requires understanding how adults learn best (Lieb, 1991). Offering adult learners different educational experiences and modes of delivery is considered an important way to engage with adult learners (Lieb, 1991). This training program employed the use of power point presentations, audio-visual material, small or large group discussions, individual self-reflection, interactive activities, online exercises and the use of case studies. Participants

reacted well to the variety of learning styles and training techniques because the ‘variability in training activities substantially influences learner acquisition of knowledge and skills’ (Schultz, et, al, 2018, p.1564). Participant interview responses acknowledged how the different learning approaches were embraced and effective during the training course. The individual self-reflection and interactive group activity allowed participants to discuss and dissect the messages and information they had received over their lifetime about Indigenous Australians, unpack the sources of origins for the false and misleading information they had consciously and unconsciously digested throughout their life.

Establishing a group agreement where participants agreed to the “rules of behaviour” during a training course encouraged the group to agree to not use homophobic, sexist and racist language and emphasised the importance of inclusive, non-discriminatory and respectful language (Morss & Murray, 2005). A group agreement constructed by group members alleviates the pressure from the facilitator to identify acceptable and unacceptable behaviours, builds notions of accountability, cultivates ownership to empower group members to collectively enforce and monitor the group rules to ensure the safety for everyone. Focussing on the group rules at the commencement of the course and reinforcing them throughout the training session sends a message to the participants that it is a respectful and safe learning space. Creating a safe and respectful learning environment was an essential precondition for the training as it provided a way to acknowledge that some of the material might be distressing or may trigger reactions in participants and provided a space to discuss the management of these reactions.

There are implications for delivering training that specifically focus on trauma and the trauma experienced by Indigenous Australians. Concerns about the suitability of the training for Indigenous practitioners or any worker with their own personal trauma experiences is an important issue to consider when developing curriculum, designing learning activities and

evaluating training programs. Minimising the potential for welfare practitioners to be triggered while delivering training about traumatic events and trauma experiences of Indigenous Australians in the training course was paramount. The workshop safety format was based on Harris & Fallout's (2001) work titled, *Using Trauma Theory to Design Service Systems*. Delivering training about trauma 'is essential to comprehending and confronting the human experience but honour the humanity and dignity of both trauma's victims and those who are learning about them, education must proceed with compassion and responsibility toward both' (Carello & Butler, 2014, p.164).

Child protection professionals require knowledge of trauma definitions and the manifestation of trauma to be able to work effectively with trauma symptomatology displayed by both Indigenous and non-Indigenous clients. To reduce the risk of re-traumatisation for participants, a comprehensible safety statement was provided at the beginning of the course whereby they were briefed about the trauma curriculum to help avoid participants being triggered by their past trauma experiences (Carello & Butler, 2014). Many people felt distress or upset as it is upsetting material. This is another reason that the skills of the facilitator are extremely important. A skilled, empathic and knowledgeable facilitator is essential. According to Thompson (2018, p.18) trauma triggers occur when an individual is 'reminded of a past traumatic event resulting in an emotional or behavioural reaction similar to that which occurred at the time of the original trauma'.

While the reality of being exposed to trauma as a practitioner working in child protection is an occupational hazard, there is an ethical necessity to provide safety and minimise the exposure and effects. In vocational training there needs to be a range of protective measures put in place. For example, for the training course delivered as part of this research, participants were allowed to take time out of the room or withdraw at any stage of the training course, although no one withdrew from the training day. As part of the safety

statement participants were asked to refrain from making personal disclosures about their own childhood trauma or even incidents from their professional practice as any disclosures may have resulted in an individual feeling vulnerable and hinder or derail the potential learning. When trauma triggers or trauma responses are not handled effectively, the impact may result in the re-traumatisation of participants and possible responses may include 'feeling anxious, panicky, depressed or [experiencing] suicidal feelings serious enough to warrant clinical attention' (Carello & Butler, 2014, p.158).

No public or private disclosures were made during or after the training. Participants were invited to approach the facilitator and discuss these issues during the breaks. No participant sought out support during the breaks. Debriefing and support for welfare practitioners was available throughout the training day as a member of the PhD research supervision team was present. The supervisors have qualifications in psychology. Information about follow-up counselling services were also discussed during the safety statement.

The learning environment should also offer practitioners a safe place to voice their despair about the significant harm caused to Aboriginal children and families during the protection and assimilation eras at the hands of those who had the carriage of responsibility for protecting them. One way to minimise the level of distress for workers involved in training is to validate their reactions. Openly lamenting or expressing sadness about the abuse and harm caused to Indigenous Australians was observed in some participants. Recognising the atrocities experienced by Indigenous Australian is not a sign of weakness. Nor should it reflect on the individual worker or suggest that they are unsuitable to work in child protection. Rather, the workers were encouraged to comment about their feelings and the training room offered practitioners a chance to discuss their reactions with other participants.

While any learning environment needs to be safe for all participants there are some additional issues to consider when there are Aboriginal practitioners present in the training. Ensuring the safety of Indigenous practitioners is paramount and ‘one of the greatest challenges is how to create cultural safety in the classroom’ (Calma cited in Zubrzycki, et al, 2014, p.1). In addition to the immeasurable trauma associated with the multi-generational child losses in their family and community, Aboriginal practitioners participating in the training may themselves have been forcibly separated from their family under the Assimilation policy. The pain and grief of these experiences may mean that Indigenous practitioners may find the content of the training very confronting and distressing to manage. Indigenous practitioners that have been removed from their families as infants or who have members of the Stolen Generations in their families may not be fully aware of the events of past laws, policies and practices and may feel liberated to gain access to information about themselves, their family and their community’s experience. It is important to recognise and value the strength and resilience of Aboriginal practitioners who elect to work in child protection services despite the cumulative effects of welfare intrusion and discrimination on contemporary Aboriginal children, families and communities.

## **9.9 Limitations and Strengths**

This chapter has discussed the findings from the qualitative analysis in Part 2 of the research study, which explores the participants’ experiences of the training course and the different ways the new knowledge from the training was implemented into the workplace by welfare practitioners. This chapter discusses the findings in relation to the existing research literature and highlights the implications for trauma informed child protection practice and the need for trauma-informed organisations. This final section of this chapter addresses the limitations found in Part 2 of the research study only as the limitations for Part 1 of the study are outlined in chapter 7.



This exploratory study provides some encouraging findings, however, there are certain limitations that must be acknowledged and discussed. Firstly, the small sample size may inhibit the generalisability of the findings. Data obtained in this study was limited due to the low number of attendees at all six training courses. It is hard to be certain about the reasons why the staff representation from the New South Wales statutory department and two NGOs was not higher given each training workshop had the capacity for 24 people. However, it is possible to speculate that there were other competing demands that prevented the release of practitioners to attend a full day of training, such as high casework loads, children's court commitments and staff leave. Other possible explanations for the low participation rate may include a disinterest in the subject matter, or confusion by some practitioners about whether the training was specifically for an Aboriginal audience, or perhaps some practitioners felt uncomfortable or unfamiliar with the process of a research study. It is also difficult to determine whether more practitioners were interested in attending the training but were denied approval by their managers, or whether invitations were disseminated far enough in advance for practitioners to plan to attend the training as invitations were sent to a central location in each organisation and not directly to staff members.

The qualitative analysis in Part 2 of the research study found the personal disclosure used in the training course by the facilitator was integral to bringing to life the curriculum and clearly contributed to sustaining the learning for welfare practitioners. However, these experiences potentially pose a second limitation for the study. The researcher's professional background is recognised as unique because of her extensive child protection experience, high quality facilitation skills and a rich understanding of group dynamics, in-depth trauma knowledge, and first-hand experience and exposure to the testimonies of Indigenous Australians during the National Inquiry. In addition to the professional attributes and skill set, the researcher's own personal lived experience of assimilation and the forcible removal of her

mother, aunties, uncles and grandmother may present barriers for future facilitators to replicate. Even those Indigenous educators and facilitators who have a personal and familial experience of forcible separation and assimilation, may not wish to share these experiences in a public setting. Similarly, future facilitators with an extensive background of child protection, a theoretical knowledge base of trauma and a sophisticated understanding of the experiences of Indigenous forcible removals with a background in education and training may be without the personal and familial removal experiences. The limitation being described here is not so much a limitation of the current study, but a limitation in terms of the successful replication of the training.

While there may be a limited number of Indigenous practitioners who have a combination of the personal and professional qualities as the researcher in this study, future facilitators are still required to have a deep theoretical knowledge of groupwork principles and trauma and its impact on Indigenous Australians. There are alternative ways of conveying the personal component of the training by drawing on a range of audio-visual materials, literature and other resources for future training courses. It will be important for future research to explore whether personal stories shared through audio-visual and other means are as impactful as personal story shared in person.

The dual role played by the researcher who also conducted the interviews with participants poses another limitation on the study as participants may have refrained from voicing any negative feedback about the training course.

This study makes an important contribution to the literature in an area where there is a scarcity of rigorous research that explores the impact of culturally relevant training designed and delivered by Aboriginal people to assist practitioners to understand the complexity of trauma and to recognise and respond to the impact of a long history of forcible removals and how to work effectively with Aboriginal children and families. The findings confirm that

there is an urgency to ensure that training is not just provided, but is provided in a way that improves knowledge, skills and understanding, is rigorously evaluated, and leads to improved practice.

While the study findings are confined to the New South Wales experiences of welfare practitioners, they help to inform aspects of the national discussion about the need for culturally responsive and relevant training designed and delivered by Indigenous people to assist professionals to recognise and respond to the impact of a long history of forcible removals, the complexity of multiple traumas and the importance of drawing on trauma theories and trauma models in child protection practice.

## Chapter 10: Conclusion

*‘Without witness or an appropriate response, there is no acknowledgment of the trauma of the past, or continuing reverberations in the present. The story and the person who is in the story - is annihilated. The trauma is intensified’ (Laub, 1992, p.78)*

### 10.1 Introduction

This PhD work blends a thesis by publication style and traditional thesis structure, with auto-ethnographic writing to commence and conclude the work. A key motivator for publishing work from this thesis was to offer the child protection field an accurate and accessible overview of the colonial history and the atrocities committed against Indigenous Australians through state sanctioned forcible removal and assimilation laws, policies and practices that has resulted in varying degrees of trauma for the Stolen Generations, their descendants and communities. Publication of the Phase 1 training outcomes seek to serve as a catalyst for discussion in the field on the hallmarks of high quality and impactful training built on trauma theory.

Historically, child welfare legislation and policy supporting the assimilation of Indigenous children has resulted in devastation and destruction for the entire culture, challenging the strong sense of community and familial resilience of Indigenous Australians. Chapter 1 argued for the importance of defining forcible separation and assimilation as

trauma. Additionally, Chapter 2 of this thesis described the extensive evidence that trauma has had a significant impact on Indigenous people's neurological, physiological and psychological well-being. Community wide trauma is experienced by Indigenous individuals and families intergenerationally. This thesis highlights the need to introduce a trauma framework into the practices of welfare professionals to contextualise the trauma symptomatology of Indigenous children and families involved in the child protection system.

Despite the countless child protection inquiries, royal commissions and attempts to reform the child protection sector, there has been little progress in establishing and evaluating mandatory vocational child protection training with Aboriginal specific content that explores the experiences of Aboriginal people of the welfare state and the resultant trauma (Child Protection Systems Royal Commission, 2016; Davis, 2019; Fogliani, 2019; Royal Commission, 2016). The research presented in this thesis has responded to the compelling evidence and recommendations in major reports for national, state and territory jurisdictions by designing, delivering and evaluating a training program for NSW welfare practitioners who work in the child protection sector with Aboriginal children and families. The training explored the impact of a long history of forcible removals and the complexity of trauma, and was shown to lead to sustained changes in practice.

To summarise the study, Part One involved the designing and delivery of a one-day practitioner training program about Aboriginal people and the historical welfare state, trauma definitions, and trauma related behaviours. Pre and post course questionnaires were administered on the day of training. Key results from the pre course questionnaires were that, remarkably, trauma theory was not used at all by these child protection practitioners with Aboriginal children and families prior to the training. In addition, in their responses the practitioners did not link the past child welfare experiences of forcible removal with current experiences of trauma. Very few participating practitioners identified the relationship

between trauma or family history of removal as impacting on the engagement of Indigenous families with child protection services. Only three practitioners (5.6%) recorded the experiences of the ‘over-representation of Indigenous children in the system’ as a barrier for Aboriginal families working with their organisation. These results highlight a deficit in participant knowledge and understanding about the association between the (past and present) removals of Aboriginal children, child loss and trauma prior to undertaking the training course. The post course questionnaire demonstrated a significant improvement in practitioners’ knowledge about trauma and their understanding about key concepts such as the difference between past and current welfare laws, assimilation, intergenerational trauma and trauma-related behaviours.

Part Two of the research involved follow up interviews 6 months post training with a sub-sample of participants to explore qualitatively whether or not they were able to apply their learning from the training in their practice. The results from Part Two of the research study showed a transformation in the way practitioners made sense of past and present multi-generational removals and the trauma resulting from child loss that is carried by Indigenous people and communities. Participants were able to articulate many ways in which this trauma lens was enabling them to develop a new understanding of Indigenous experiences within the welfare system, and how the past continues into the present. This information was described as contributing to various practice changes in their child protection work with Indigenous children and families. While the findings from this study are encouraging, a number of issues in the thesis warrant further investigation in the areas of policy, training and future research. Detailed below are recommendations built on the research findings, and suggestions for future research, child protection policy, education and training.

## 10.2 Recommendations for Research

One recommendation for future research is to replicate the training using personal stories shared using video or written materials and to investigate whether these slightly more removed experiences of exploring personal stories are as impactful as hearing a personal story told by someone face to face.

**Recommendation 1:** Future research could explore the extent to which personal stories shared through audio-visual or written materials are as impactful in the training context as personal stories shared in person.

While the central premise of this training was to illustrate that forcible separation and assimilation constitutes trauma for Indigenous Australians, the next step in the development of future training needs is to explore specifically tailored trauma informed interventions to meet the needs of Indigenous children and families. Existing trauma interventions such as cognitive behavioural therapies, self-regulation focussed treatments and psychotherapy techniques such as eye movement desensitization reprocessing (EMDR) (Strand & Sprang, 2018), could be considered although more work is needed to determine the suitability of these various mainstream strategies for Aboriginal children and families. Future research into the development of culturally responsive Indigenous trauma interventions for future training could explore how therapeutic trauma interventions could recognise Indigenous cultural practices, knowledges, strengths, resilience and voices.

**Recommendation 2:** Explore specifically tailored trauma informed interventions to meet the needs of Indigenous children and families in statutory and non-government child protection and OOHC services.

### 10.3 Recommendations for Policy

This thesis focuses on the need for the development of practitioner expertise and knowledge through mandatory vocational trauma training, however, it is important not to ignore the context of child protection organisational governance and systems. While at an individual level the research participants were able to draw on new trauma models and trauma informed principles, there is a national absence of practice grounded in trauma theory as, ‘Australia currently lacks an overarching framework for trauma-informed practice’ (Hinton, 2018, p.128). Failing to implement trauma informed practice at an individual and organisational level has serious implications for Aboriginal families, leaving practitioners at high risk of misunderstanding parent responses to trauma, and continuing the cycle of child removals.

Aligning trauma informed principles with organisational policies, practices and procedures is both crucial to developing and delivering culturally responsive services to Indigenous children and families and ultimately creating a trauma informed organisation and workforce. Trauma informed policies have an essential role to play in building government partnership with Indigenous Elders, community members and service providers, and in paying respect to the diverse cultures and traditions of Indigenous Australians.

**Recommendation 3:** The development of a national framework for trauma-informed child protection practice where COAG work with Indigenous trauma experts to develop a national framework for child protection practice as part of the development of the next National Framework for Protecting Australia’s Children.



Future policy recommendations might explore opportunities for broader child protection reform about the employment of policy staff and senior management positions. The recruitment guidelines for these positions need to stipulate, as an essential criteria, knowledge and skills about trauma informed practice. Introductory short courses on trauma are available through the Blue Knot Foundation. Staff working in these positions in statutory and non-government child protection and OOHC services should also have attained a post graduate qualification. Possible qualifications could include a masters degrees or graduate diplomas in the disciplines relevant to child protection work such as psychology, social science, social work and welfare, or a minimum of a graduate certificate in developmental trauma through the Australian Childhood Trauma Foundation or the Graduate Certificate in Indigenous Trauma and Recovery Practice offered at the University of Wollongong.

**Recommendation 4:** Policy advisors and managers in statutory and non-government child protection and OOHC services must have extensive knowledge and skills of trauma practice and possess a post graduate qualification.

## **10.4 Recommendations for Training**

The results from this study confirm the need for all welfare practitioners working with Aboriginal children and families to attend mandatory workplace training and ongoing professional development about the impact of trauma on Indigenous families and their relationship with the welfare system. Future training for welfare practitioners should involve a minimum of a one-day face to face training program designed and delivered by Indigenous facilitators and located away from the workplace. This thesis offers a blueprint for the curriculum to be used in entry level vocational training and ongoing professional development for child protection agencies to draw on to ensure that their staff are trained and

have the knowledge and skills needed to work more effectively with Indigenous families. It offers a way forward in assisting with recovery from trauma, and ultimately reducing the number of Indigenous children in the child protection and OOHC system.

**Recommendation 5:** All Caseworkers and Managers employed in statutory and non-government child protection and OOHC services should attend a minimum one-day training about state sanctioned laws, policies and practices and the impact of trauma on Indigenous families.

**Recommendation 6.** All Caseworkers and Managers employed in statutory and non-government child protection and OOHC services have access to regular training and ongoing professional development about the impact of trauma on Indigenous families to develop culturally responsive trauma informed interventions.

It is a requirement that future facilitators delivering this training have a theoretical knowledge of trauma, including definitions of different types of trauma, the manifestation of trauma and trauma symptomatology, and possess high-level understanding of past child welfare laws, policies and practices. Future facilitators need to consider ways to convey the individual and familial impacts of forced removal, as the personal lived experience of the researcher was an integral part of the training workshop that connected the participants to the content, curriculum, culture and the lives of Indigenous people. This connection to the lived experience of loss, grief and removal across generations was a powerful way to increase empathy and sensitivity toward Indigenous children and their families.

Future facilitators who are without their own personal and familial experiences or who elect not to share their experiences, can draw on a range of audio-visual material,

literature and other resources to generate case studies and examples to demonstrate the multigenerational loss of Indigenous children resulting from forcible separation and assimilation. For instance, the *Bringing Them Home Report* identifies many life stories of individual Aboriginal and Torres Strait Islander people who have experienced trauma as a legacy of the removal laws, policies and practices. Another useful resource is the Stolen Generations testimonies website, which offers over forty audio-visual testimonies provided by different members of the Stolen Generations who share their personal story of removal and lived experiences of being adopted, living in foster care or being placed in an institution. These testimonies can provide the authenticity that this research project was able to provide, and the testimonies could be used as a short discussion piece or a substantial case study as the videos range from seven minutes to over thirty-seven minutes. The Stolen Generations testimonies website also offers an opportunity to reproduce the multigenerational impact of child loss and the ripple effect of forcible removal within a family and community as it includes the stories of four siblings who discuss their individual and familial experiences. In addition to these strategies, future training may require more than one facilitator to ensure the inclusion of all of the attributes, experiences and qualities present in the trainer for this study.

Another key consideration in all future training courses is the need to employ the use of adult learning principles, which offers extensive guidance on how to navigate the dynamics and behaviour management of groups and individuals and incorporated a variety of activities and techniques to engage learners in the learning process to ensure that the new knowledge is transferred to the workplace.

**Recommendation 7:** Aboriginal facilitators delivering this training have a theoretical knowledge of trauma, possess a high-level understanding of past child welfare laws, policies and practices, a sophisticated understanding of adult learning principles and draw on

available resources to include the lived experiences of Indigenous removals.

Participants in this study discussed how the training reinforced the importance of engaging with Aboriginal consultants in decision-making about Aboriginal children and families. To enhance the knowledge and skills of Aboriginal statutory Caseworkers who provide mandatory Aboriginal consults about case plans for Aboriginal children organisations should pursue opportunities for Aboriginal staff to undertake appropriate training. For example, Certificate IV in Aboriginal Family Wellbeing and Violence Prevention Work through the NSW Education Centre Against Violence (ECAV). Further studies could also include the Advanced Diploma of Aboriginal Specialist Trauma Counselling. The course is specifically designed for Aboriginal workers and consists of six one week modules over 12 months. The course is designed to develop specialist counselling skills within an Aboriginal healing framework to respond to Aboriginal individuals, families and communities affected by a history of trauma such as adult and child sexual assault, family violence and child abuse and neglect (Education Centre Against Violence, 2020).

**Recommendation 8:** All Aboriginal consultation panel members have access to specialised training and are supported to undertake the Certificate IV in Aboriginal Family Wellbeing and Violence Prevention work through ECAV.

Further research could also examine undergraduate university curriculum in light of the fact that many participants felt their tertiary studies had not equipped them to work with Aboriginal children and families and that their studies did not offer trauma subjects or explore trauma impacts in relation to Aboriginal people and the welfare state. The *Review into Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander*

*People* acknowledges that universities often provide a discrete ‘Indigenous studies’ subject (Behrendt, 2012). However, questions need to be asked about the undergraduate curriculum and its capacity to provide graduates with the relevant knowledge and skills they require to work in child protection, or whether a tailored syllabus that addresses the core curriculum outlined in this thesis is offered in post graduate and workplace based courses so practitioners can specialise in child protection and work effectively with Indigenous children and families.

**Recommendation 9:** Further research to examine the appropriateness of undergraduate university curriculum in preparing individuals to work effectively with Aboriginal children and families in the child protection system.

The importance of qualifications is acknowledged in the *Family is Culture Report* (Davis, 2019, p.XXX) which states ‘Caseworkers must have an undergraduate university degree’, although there are exemptions for Aboriginal Caseworkers as Aboriginality is an essential requirement for the position under Section 14 (d) of the Anti-Discrimination Act 1977 (NSW Government, 2020). Aboriginal staff who are employed without a tertiary qualification are recognised for their intimate cultural knowledge and cultural networks of their community. This study has discussed the need for practitioners to possess both clinical and cultural competence including a theoretical understanding of trauma. Aboriginal practitioners should be supported to acquire a tertiary qualification because it is naive to assume that an Aboriginal practitioner’s cultural membership and working knowledge of their local Aboriginal community alone can provide the necessary clinical competence to fully equip them to work with traumatised and vulnerable Aboriginal children, families and communities. Similarly, non-Indigenous practitioners without an understanding of cultural practices and protocols and a sophisticated working knowledge of the local Aboriginal

community and Aboriginal people's lived experiences within the welfare state, are likely to be ill-equipped to effectively engage with Aboriginal children and families.

Aboriginal staff who are without a tertiary qualification are at risk of working without a theoretical framework underpinning their child protection practice. A secondary impact of being without a tertiary qualification means that Aboriginal staff may be unable to apply for or seek promotion to higher positions that require an undergraduate degree. A flow on effect is that Aboriginal knowledges and voices are unlikely to be heard in manager positions or in developing child protection policy and procedures. Future research should consider ways to support Aboriginal Caseworkers to gain a bachelor degree qualification by developing vocational education pathways, such as cadetships, bonded employment and traineeships. This thesis has demonstrated the need for Indigenous voices and for the lived experiences of Indigenous people to be at the forefront in child protection training. Introducing educational opportunities, pathways and programs for Indigenous staff to gain a tertiary qualification opens the way forward for Indigenous experiences, knowledges and voices to be heard at all levels of the child protection sector.

**Recommendation 10.** Explore avenues to support Aboriginal Caseworkers to gain a bachelor degree qualification by developing vocational education pathways, such as cadetships, bonded employment and traineeships.

The next chapter in this thesis is the final chapter and auto-ethnographic writing by the researcher to conclude this research journey.

## Chapter 11: Autoethnographic Conclusion

*‘Turning the page*

*It’s right to turn the page.*

*But first you have to read it.*

*You have to understand it.*

*You first have to acknowledge it.*

*And then you can turn the page.’*

—Alex Boraine, Vice Chair of the South African Truth and  
Reconciliation Commission, 1998, p.44

It seems only fitting to conclude this thesis with an autoethnographic discussion to reflect on this PhD journey. Clearly, I was deeply affected by my work on the National Team when we conducted the Stolen Generations Inquiry, and felt driven to do something and give voice to Indigenous Australians who were without a voice and to ensure practitioners recognise that forcible separation and assimilation constitutes trauma because, quite simply, child loss is trauma. Another key motivator was my own personal experiences of being removed as an infant and the experiences in foster care and different institutions, along with the familial removals and institutional experiences of my mother, my aunties, my uncles and my grandmother.

There was another reason why I felt compelled to pursue this research. This reason was borne out of frustration and the sense of powerlessness I experienced when I took up the

position of Program Manager, Aboriginal Training at the Department of Community Services (DOCS), central office in Ashfield, in January 1998. The role was responsible for overseeing the internal education and training of statutory workers on issues relating to Indigenous people. The primary function was to coordinate the Aboriginal module, titled '*Working with Aboriginal Children and families*', in the mandatory entry level Caseworker Development Course (CDC). This training period of up to twelve weeks was compulsory for all new recruits in Caseworker positions. The Learning and Development facility where Caseworkers would attend the training was in Glebe, not far from the Sydney CBD.

I was very familiar with this location because this was the institution that I was sent to as a 13 year-old. The former institution was located at the street front of the property and at the rear it now housed the Bidura Children's Court and the former juvenile institution and office space. This section of the building was currently being used as the state-wide Learning and Development Centre for the Department of Community Services. To access the Learning and Development Unit it was necessary to walk past the old Bidura Children's Home. The former dilapidated institution had been restored to a beautiful looking Victorian home and it was now known as Old Bidura House.

Attendance and successful completion of the Caseworker Development Course was a prerequisite for all newly appointed Caseworkers. The former juvenile detention lock-up had been converted into single room accommodation, which allowed Caseworkers from rural areas and outer Sydney metropolitan areas to reside in the building for the duration of their training. At times the overflow of Caseworkers meant that the training course would be held in the former Bidura Children's Home. When I commenced in the role as Program Manager, Aboriginal Training, I raised my concern about Caseworkers and in particular Aboriginal Caseworkers living in a former institution and attending training in a former institution,



especially for those Caseworkers who, as children lived in, or who had family members institutionalised in Bidura Children's Home and/or Bidura Juvenile Justice Centre.

To my complete surprise, the people I raised the alarm with were dismissive, disinterested and didn't recognise that this experience may be a trauma trigger for Caseworkers, especially Aboriginal Caseworkers. These (non-Aboriginal) people occupied senior positions in DOCS at the Ashfield Head Office. I also expressed my concerns about the happenings at 'Bidura' to my immediate team leader and manager, and again there was a no response. I was shocked that none of the DOCS senior managers I raised my concerns with understood the potential ramifications and that the former residents, now child protection professionals, may be struggling with flashbacks, memories, intrusive thoughts and other challenges trying to navigate the distress of having to attend training and live in this environment. Beyond discussions with me, the new recruits felt they were unable to disclose their anxieties and share their distress for fear of not being able to complete their training and take up a permanent Caseworker position. The Aboriginal Caseworkers especially were adamant that I not let on to the senior managers that they were frightened in the building, experiencing sleep disturbances and were in a constant state of hypervigilance.

I continued to articulate my concerns (without offering any names) about the unsuitability of a former institution being used as accommodation and a training environment, especially for Aboriginal people, and I continued to receive unenthusiastic responses and even suggestions that I was exaggerating the problem. Professor Judith Herman's (1992) seminal work on trauma in her book titled, *Trauma and Recovery* was published six years earlier, and it did seem strange to me that anyone working in child protection, at any level, wasn't aware of the impact of childhood trauma experiences and didn't rely on trauma theories to guide their practice. The responses from senior (non-Aboriginal) managers reflected a deficit in their knowledge about trauma and a failure to

acknowledge the trauma related behaviours of Caseworkers, rather than me overstating the problem. To add weight to the fact that the venue was inappropriate for the purposes of training and most certainly temporary living arrangements, I provided examples from the Human Rights Commission about how we proactively found venues that had no prior association with welfare authorities for the public hearings and the rationale for these decisions. There was an Aboriginal education unit, called Tranby, located only 400 metres away from Bidura that could have been used as an alternative at a minimal cost. In retrospect, this issue could have been resolved quickly if the organisation and senior managers worked within a trauma framework, 'because [a] trauma-informed agency not only makes sure that clients are cared for by using a trauma lens, but also makes sure that its workers are cared for using this same lens' (Pierce, 2018, p.321).

At this point I should say that during my time working as the Program Manager, Aboriginal Training, throughout 1998, I was not involved in the '*Working with Aboriginal Children and Families*' module in the CDC despite the brief of the position. I didn't have any involvement because there was *no* Aboriginal module in the Caseworker training. The Aboriginal module was removed in November 1997. The removal of the training was just a mere six months after the *Bringing Them Home Report* was released.

To say that my year in head office, a year that I had expected would be packed with excitement and opportunities, was challenging is an understatement. After my time at the Human Rights Commission, where it seemed like there was a shared understanding about injustices toward Indigenous people across the organisation, I now felt alone and I sensed that there was no such understanding toward Indigenous people. Of course, there were some wonderfully committed workers that I met, but I couldn't find anyone within senior management with decision making powers who shared my concerns about the accommodation and training set up at Bidura. I couldn't find any senior manager allies to

support me to have the ‘*Working with Aboriginal Children and Families*’ module reinstated in the Caseworker Development Course. I couldn’t reconcile the fact that the statutory department who, in a former incarnation, was responsible for removing Aboriginal children from their families, was now deliberately preventing their staff from having access to core and fundamental information about Aboriginal families and the welfare state and vitally important material that could guide their child protection practice.

The *Bringing Them Home Report* had clearly documented the systematic experiences of forcible separation and assimilation of Indigenous children from their families. It provided the necessary details for Caseworkers to understand how the past remains in the present and also highlighted the trauma of Indigenous Australians. Recommendation 9a and 9b set out in *Bringing Them Home Report* recommends:

That all professionals who work with Indigenous children, families and communities receive in-service training about the history and effects of forcible removal’ and ‘that all under-graduates and trainees in relevant professions receive, as part of their core curriculum, education about the history and effects of forcible removal. (Human Rights & Equal Opportunity Commission, 1997, p.653)

*The Bringing Them Home Report* was a valuable resource that should have been the centre piece for the Aboriginal training module, but there was no Aboriginal module. Consequently, any Caseworker that joined the Department of Community Services between November 1998 and mid 2001 was denied access to important and relevant knowledge about how to work effectively with Aboriginal children and families. Furthermore, some of these Caseworkers would ultimately move into positions as Managers in the local CSCs or more senior roles within the organisation at head office developing policy for working with Aboriginal people.

In 1998, the Department of Community Services rolled out a new training package, called '*Bridging Cultures*'. There was no mandatory requirement for any caseworker to attend this training. It was available to any DOCS staff who volunteered to attend. Needless to say, staff who attended the '*Bridging Cultures*' training usually already had an interest in the topic and the target group that really needed to better understand effective ways of working Indigenous people were not present. This training package was written by a non-Indigenous curriculum writer and there was an absence of trauma information. In fact, trauma was not mentioned in the training package. After exhausting my options and the different channels to reverse the decision about the CDC module and the Bidura arrangements, I resigned in October 1998.

After leaving DOCS I spent time working in a child protection team in a government Health service where the response by fellow practitioners to understanding trauma was vastly different to the DOCS position. While the health practitioners were ahead of DOCS practitioners in terms of their understanding of trauma definitions, the manifestation of trauma and applying a trauma framework to their practice, they were still unable to extend this knowledge to Indigenous people. During this time, I studied a Master of Medical Science which provided much-needed bio-medical and research knowledge and provided a good balance to the psycho-social knowledge from my social work studies.

Eventually, in 2001, the '*Working with Aboriginal children and families*' module was reinstated into the compulsory CDC after a three-and-a half year hiatus. The module was written by the same non-Indigenous practitioner who wrote the '*Bridging Cultures*' package. This practitioner had extensive experience in developing training curriculum, but the Aboriginal training manual was not underpinned by a theoretical trauma framework. In fact, there was not a single section dedicated to trauma to assist the Caseworkers to understand the

impact of forcible separation and assimilation and the resultant trauma and develop ways to work with traumatised individuals and families.

In 2002, I was invited to put in a tender to deliver the compulsory module in the Caseworker Development Course. I was successful in the tender process and as an external consultant I delivered the *'Working with Aboriginal Children and families'* module until 2008. By 2002 changes had been made to the accommodation arrangements and Caseworkers from outside of the Sydney metropolitan area were provided with motel accommodation for the duration of their training which was now eight weeks. The upper section of the building was no longer residential and the rooms were turned into office space for DOCS personnel. The high number of Caseworkers coming through the CDC program meant that Old Bidura House was still used for training courses. There had been considerable staff turnover since 1998 at the Learning and Development Unit so I again raised the issue about the inappropriateness of this venue. The solution they provided was that if I had any Aboriginal Caseworkers in my course in any given week our training would not be scheduled in Old Bidura House. This was not a satisfactory resolution to the problem because there were Aboriginal Caseworkers in the concurrent training courses that were held in Old Bidura House.

I approached the Director at the Learning and Development Unit about the need to include trauma specific content and I was permitted to augment the training package with additional information and resources to link the curriculum with a trauma framework. However, the incoming hierarchy at the Learning and Development Unit put a halt to introducing new and up to date evidence-based material in the Caseworker Development Course. After several failed attempts to convey to the Learning and Development senior management that the *'Working with Aboriginal children and families'* module was inadequate and didn't equip Caseworkers with the necessary knowledge and understanding of

Aboriginal people, the welfare state and the historical, collective and intergenerational trauma, and with ever increasing numbers of Indigenous children entering care, I decided I couldn't ethically continue to deliver an antiquated training program without the necessary trauma content and evidence based material. It is worth mentioning that to the best of my knowledge the same '*Working with Aboriginal children and families*' module is still being delivered to new Caseworker recruits by DOCS in the Caseworker Development Program and the department still does *not* incorporate trauma in any systematic way throughout their training and does *not* provide sufficient information about Indigenous people and their relationship with the welfare and the resultant trauma experienced by Indigenous Australians.

Over the time that I worked as a Social Work Consultant and delivered a range of training programs to welfare practitioners about child protection, Aboriginal people and trauma, I found that the workers were both very receptive to the information and gained a new respect for Indigenous people. They reported being empowered to think and work in a different way because they had access to a new repertoire of tools to assist them in their work with Aboriginal children and families. Introducing welfare practitioners, regardless of their undergraduate training, to trauma theories, trauma models of practice and working within a trauma framework to accurately understand trauma related behaviours and trauma symptomatology, replaced the guilt and paralysis that many practitioners were experiencing with a sense of liberation. I am extremely grateful to the many practitioners who shaped my decision to pursue this research path because it was the only way forward for me, as a social work practitioner and an educator. I hope producing some evidence-based literature through this research study gains some traction with senior decision makers in both statutory and non-government organisations and influences child protection practice. Finally, I am forever indebted to the welfare practitioners who participated in this study, valued my experiences

and who enthusiastically embraced the new knowledge, displayed compassion and empathy toward Indigenous people, and ultimately allowed my dream to become a reality.

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## Appendices

### Appendix A: Pre-Training Questionnaire

#### Pre-Training Questionnaire

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Length of time working in health / welfare sector: \_\_\_\_\_

Female ☐

Male ☐

Age years:    18-29yrs    30-39yrs    40-49yrs    50-59yrs    60yrs+  
                    ☐            ☐            ☐            ☐            ☐

Are you of Aboriginal &/or Torres Strait Islander background    Yes ☐    No ☐

Highest qualification of education

☐                      ☐                      ☐                      ☐                      ☐  
HSC            TAFE Certificate            TAFE Diploma            Degree            Masters            PhD

1) Does your organisation provide services to Aboriginal clients?

Yes ☐

No ☐

**2) How often does your work involve Aboriginal clients?** (Please tick the box closest to your view).

<b>Weekly</b>	<b>Fortnightly</b>	<b>Monthly</b>	<b>Quarterly</b>	<b>6monthly</b>	<b>More than 6monthly</b>	<b>Never</b>
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**3) Describe any barriers your organisation faces when engaging with Aboriginal families?**

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**4) Describe any barriers you face when engaging with Aboriginal families?**

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**5) What do you see as the main issues for Aboriginal families in the child protection system?**

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**How do these statements relate to you. These questions ask you indicate which box closest to your view.**

**6) I can describe trauma related behaviours in Aboriginal clients.**

<b>Very confidently</b>	<b>With some confidence</b>	<b>Not sure</b>	<b>A bit unsure</b>	<b>Very unsure</b>
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Please give an example.

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**7) I can describe intergenerational trauma.**

<b>Very confidently</b>	<b>With some confidence</b>	<b>Not sure</b>	<b>A bit unsure</b>	<b>Very unsure</b>
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Please give an example.

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**8) I can describe collective trauma.**

<b>Very confidently</b>	<b>With some confidence</b>	<b>Not sure</b>	<b>A bit unsure</b>	<b>Very unsure</b>
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Please give an example.

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**9) Do you have an understanding of trauma literature?**

<b>Well-developed understanding</b>	<b>Some understanding</b>	<b>Very little understanding</b>	<b>Unfamiliar with trauma literature</b>
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**10) What has informed your understanding of the trauma literature?** (Please be specific e.g. in-service training, name of service, name of tertiary studies or subject)

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**11) What theories inform your professional practice when working with Aboriginal families?** (For example, attachment theory, grief and loss, psycho-social development)

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**12) Any further comments**

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## Appendix B: Post-Training Questionnaire

### Post-Training Questionnaire

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

**1) Was the workshop relevant to your work?** (Please tick the box closest to your view).

**Strongly agree   Mostly agree   Unsure   Mostly disagree   Strongly disagree**

☐☐☐☐☐

**2) Is there anything that you will take from this training course that is relevant to your work?**

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**3) Is there anything that you will take from this training course that is not relevant to your work?**

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**4) Describe any barriers you might face in your work to implement anything from this training course.**

4) Describe any barriers you might face in your work to implement anything from this training course.

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How do these statements relate to you? These questions ask you indicate which box closest to your view.

5) I can describe trauma related behaviours in Aboriginal clients.

Very confidently	With some confidence	Not sure	A bit unsure	Very unsure
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Please give an example.

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6) I can describe intergenerational trauma.

Very confidently	With some confidence	Not sure	A bit unsure	Very unsure
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Please give an example.

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7) I can describe collective trauma.

Very confidently	With some confidence	Not sure	A bit unsure	Very unsure
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Please give an example.

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**8) Any further comments**

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**You may be randomly selected to participate in the follow-up interviews in 6 months time. If so, would you prefer a face to face interview or phone interview?**

**Face to face interview**

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**Phone interview**

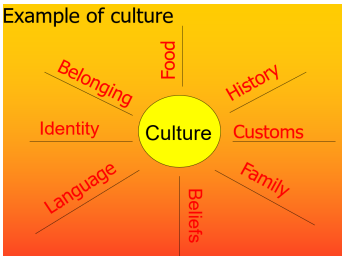
☐

**Work email address**\_\_\_\_\_

**Work contact phone no.**\_\_\_\_\_

**Thank you for your participation**

## Appendix C: Training Program

Topic / task	At the completion of the course, participants will be able to:	Learning activity and training method
<b>Session 1</b> Welcome / Introduction  Pre course questionnaires  Program overview  What is culture? Write a word about culture on each line  	Discuss information about the group rules and safety statement  Complete the PhD pre course research survey  Summarise information about the workshop program  Describe what culture means	Lead by the facilitator  Individual written reflection  Lead by the facilitator  PowerPoint presentation facilitator Individual and interactive reflection Large group discussion

What has shaped your way of describing and thinking about your culture?	Analyse and reflect on the influences shaping the meaning of culture	Individual reflection, discussion in pairs and large group discussion
What messages / information have you received over your lifetime about your culture, (i.e. your own identified culture - which may be more than one)?	Analyse and reflect on the sources of information about their own culture and identify positive and/or negative attitudes and values about their own culture	Individual reflection, discussion in pairs and large group discussion
<b>Topic / task</b>	<b>At the completion of the course, participants will be able to:</b>	<b>Learning activity and training method</b>
<b>Session 1 continued</b>  What messages / information have you received over your lifetime about Aboriginal culture?	Analyse and reflect on the sources of information about Aboriginal culture and identify positive and/or negative attitudes and values about Aboriginal culture	Individual reflection, discussion in pairs and large group discussion
<b>Session 2</b>  Understanding the Aboriginal experience  Historical context	Describe and examine information about the historical child welfare laws that forcibly removed Aboriginal children from their families, including the introduction of missions and reserves, the practices of the Aborigines Protection Board, the Aborigines Protection Act (1909) and the Amendment Act (1915)	PowerPoint presentation facilitator  Audio-visual material  Rabbit Proof Fence movie - scene 2  Large group discussion about emotions raised by the movie scene

<b>Session 3</b>  Understanding the Aboriginal experience  Socio-political context	Describe the 1937 Assimilation policy and examine information about the socio-political child welfare practices of the Aboriginal Welfare Board and the Department of Child Welfare and their role in foster care placements, residential homes, i.e. institutions and the leasing out of children as domestic servants and labourers	PowerPoint presentation facilitator  Audio-visual material  Bringing Them Home dvd
<b>Session 4</b>  Understanding the Aboriginal experience  Personal context	Describe and examine the impact of the welfare state on the researcher's Aboriginal family and community and explore the lived experiences of loss of culture, connection to land, identity and language, and abuse and neglect and return to country and family,	PowerPoint presentation facilitator  Audio-visual material  Koori: A will to win
<b>Topic / task</b>	<b>At the completion of the course, participants will be able to:</b>	<b>Learning activity and training method</b>
<b>Session 5</b>  Understanding the Aboriginal experience  Trauma context	Define different types of trauma, describe the manifestation of trauma, discuss trauma related behaviours and outline the effects of trauma on the brain and body	PowerPoint presentation facilitator  Audio-visual material

<p><b>Session 6</b></p> <p>Implications for contemporary welfare practice</p>	<p>Identify types of trauma and trauma related behaviours and the effects of trauma</p> <p>Describe different strategies for working with the current Aboriginal families in the child protection system</p>	<p>Case study - Small group discussions</p> <p>Large group discussion</p>
<p><b>Session 7</b></p> <p>Review</p> <p>Post course questionnaires</p> <p>Closure</p>	<p>Describe their experience of the training course</p> <p>Complete the PhD post course research survey</p>	<p>Lead by the facilitator</p> <p>Individual written reflection</p> <p>Lead by the facilitator</p>

## **Appendix D: Interview Schedule**

### **Work context**

- 1) Could you briefly describe your current role in the organisation?
- 2) Has your role changed since you did the training with me?
- 3) How much of your current work involves child protection?
- 4) How much of your current work involves Aboriginal families?

### **Training course**

- 5) Since attending the training what information and knowledge has stayed with you and what do you remember from the training?
- 6) I'm interested to find out whether have you used any of this information and knowledge in your work? Can you give any examples, (e.g., case meetings, case conferences, client work)
- 7) I'm interested in whether you have changed the way you interact with Aboriginal families since you did the training? If so, in what ways you have changed the ways?
- 8) I'm interested in your ideas about the format of the training and to what extent you think a one day workshop is an effective way to learn about these issues or do you think they could be presented in another way?
- 9) How useful would you rate the training using the 5 point scale below  
  
Not at all useful \_1\_ A bit useful \_2\_ Not really relevant \_3\_ Useful \_4\_ Extremely useful \_5\_
- 10) Who in your organisation do you think might benefit from this training?
- 11) Is there anything you would like to add?

## Appendix E: Macquarie University Ethics Approval Letter



Research Office

Ethics

Research Hub, Building C5C East

MACQUARIE UNIVERSITY NSW 2109 AUSTRALIA

Phone +61 (0)2 9850 6848

Phone 2 +61 (0)2 9850 8612

Fax +61 (0)2 9850 4465

Email [ethics.secretariat@ro.mq.edu.au](mailto:ethics.secretariat@ro.mq.edu.au)

26 March 2012

Professor Jennifer Bowes  
Institute of Early Childhood  
MACQUARIE UNIVERSITY

Reference: 5201100896

Dear Professor Bowes,

### FINAL APPROVAL

**Title of project:** *"Understanding the framework of health and welfare practitioners working with Aboriginal families in the NSW child protection sector"*

The above application was reviewed by the Ethics Review Committee (Human Research) at its meeting on 23 March 2012. Approval of the above application is granted, effective 26 March 2012, and you may now proceed with your research.

The following personnel are authorized to conduct this research:

Chief Investigator: Prof Jennifer Bowes

Co-Investigators: Dr Rebekah Grace and Ms Karen Fiona Menzies

Please note the following standard requirements of approval:

1. The approval of this project is **conditional** upon your continuing compliance with the *National Statement on Ethical Conduct in Human Research (2007)*.
2. Approval will be for a period of five (5) years) subject to the provision of annual reports. **Your first progress report is due on 26 March 2013.**

If you complete the work earlier than you had planned you must submit a Final Report as soon as the work is completed. If the project has been discontinued or not commenced for any reason, you are also required to submit a Final Report on the project.

Progress Reports and Final Reports are available at the following website:

[http://www.research.mq.edu.au/researchers/ethics/human\\_ethics/forms](http://www.research.mq.edu.au/researchers/ethics/human_ethics/forms)

3. If the project has run for more than five (5) years you cannot renew approval for the project. You will need to complete and submit a Final Report and submit a new application for the project. (The five year limit on renewal of approvals allows the Committee to fully re-review research in an environment where legislation, guidelines and requirements are continually changing, for example, new child protection and privacy laws).

4. All amendments to the project must be reviewed and approved by the Committee before implementation. Please complete and submit a Request for Amendment Form available at the following website:

[http://www.research.mq.edu.au/for/researchers/how\\_to\\_obtain\\_ethics\\_approval/human\\_research\\_ethics/forms](http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/forms)

5. Please notify the Committee immediately in the event of any adverse effects on participants or of any unforeseen events that might affect continued ethical acceptability of the project.

6. At all times you are responsible for the ethical conduct of your research in accordance with the guidelines established by the University. This information is available at the following websites:

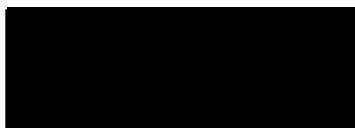
<http://www.research.mq.edu.au/policy>

[http://www.research.mq.edu.au/for/researchers/how\\_to\\_obtain\\_ethics\\_approval/human\\_research\\_ethics/policy](http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/policy)

If you will be applying for or have applied for internal or external funding for the above project it is your responsibility to provide Macquarie University's Research Grants Officer with a copy of this letter as soon as possible. Internal and External funding agencies will not be informed that you have final approval for your projects and funds will not be released until the Research Grants Management Assistant has received a copy of this final approval letter.

Please retain a copy of this email as this is your official notification of final ethics approval.

Yours sincerely



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Dr Karolyn White  
Director of Research Ethics  
Chair, Human Research Ethics Committee



## Appendix F: Family and Community Services (FACS) Practitioner Invitation Letter and Consent Form



**Children and Families Research Centre**  
A Macquarie University Research Centre at the  
Institute of Early Childhood, Faculty of Human  
Sciences

MACQUARIE UNIVERSITY NSW 2109  
AUSTRALIA

**Phone +61 (0)2 9850 9844**

**Fax +61 (0)2 9850 9887**

**Email Jennifer.Bowes@mq.edu.au**

1 August 2012  
Dr Robert Johnston  
Acting Director Statistical Analysis and Research Branch  
Department of Family and Community Services  
Locked Bag 4028  
Ashfield NSW 2131  
T: 9716 2574

**Research Project: Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector.**

### **Welfare Practitioner Invitation and Information Letter**

You are invited to participate in research being conducted by Ms Karen Menzies, PhD student at the Children and Families Research Centre, Macquarie University. The research project is titled '*Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector*'.

I am interested in finding out about how welfare practitioners understand Aboriginal peoples' experiences of separation and assimilation and how practitioners engage and work with Aboriginal families/clients in the child protection sector.

If you agree to participate, you will be asked to complete a consent form. The consent you provide will be to attend a free 1 day training course and an interview 6 months after the completion of the training course. You should allow approximately 1 hour for the interview. The interview is to seek your comments, thoughts and understanding about the training course and any links to your work with Aboriginal families/clients.

Participation is entirely voluntary. You are also free to withdraw your participation without penalty at any time. Should you agree to participate, the information you provide will be treated with utmost confidentiality. Your name will be removed from all materials and replaced with a participant number. If you are quoted in any presentation of the research findings you will be assigned a pseudonym, and any identifying information will be changed.

With your permission, interviews will be tape recorded. Recording is for the purposes of analysis by Macquarie University researchers only. Your participant number only will be written on the tape, and the tape will be erased at the completion of the research.



The tapes and all other research data will be kept in a locked filing cabinet at the Children and Families Research Centre, Macquarie University. If you are interested in participating in the research project please save the form, as a word document, on page three, complete your details and email it to [karen.menzies@students.mq.edu.au](mailto:karen.menzies@students.mq.edu.au).

If you have any further questions about the research please do not hesitate to contact me on 4985 4568 or 0418 333 822 (email: [karen.menzies@students.mq.edu.au](mailto:karen.menzies@students.mq.edu.au)), or

Professor Jennifer Bowes (Chief Investigator) on 9850 9844 (email: [jennifer.bowes@aces.mq.edu.au](mailto:jennifer.bowes@aces.mq.edu.au)) or

Dr. Rebekah Grace (Research Supervisor) on 9612 0779 (email: [Rebekah.Grace@sswahs.nsw.gov.au](mailto:Rebekah.Grace@sswahs.nsw.gov.au)).

The ethical aspects of this study have been approved by the Macquarie University Ethics Review Committee (Human Research). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Research Ethics Officer (telephone [02] 9850 7854, fax [02] 9850 8799, email: [ethics@mq.edu.au](mailto:ethics@mq.edu.au)). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Thank you for your interest and support

Karen Menzies PhD student

(BSW) (MSW) (MMed Sc.)



**Research Project: Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector.**

**Welfare Practitioner Consent Form**

I \_\_\_\_\_ (name) of \_\_\_\_\_

\_\_\_\_\_  
(work address)

\_\_\_\_\_  
(work email)

agree to participate in the Research Project being conducted PhD student, Karen Menzies, through the Children and Families Research Centre at Macquarie University. I understand that I will be asked to complete a pre and post training course questionnaire, attend a free 1 day training course, and participate in a follow up interview 6months post the training course.

I understand that any information I provide will be treated with the utmost confidentiality. I know that I am free to withdraw my participation at any time without penalty.

Welfare Practitioner name (please print): \_\_\_\_\_

Welfare Practitioner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix G: Family and Community Services (FACS) Approval Letter



PCP 12/144267

Ms Karen Menzies  
PhD Candidate, Institute of Early Childhood  
Faculty of Human Sciences  
Macquarie University  
Balaclava Rd  
North Ryde NSW 2109

Dear Karen,

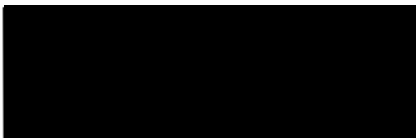
Thank you for your application to our external research program dated the 15 October 2012 regarding 'Understanding the framework of health and welfare practitioners working with Aboriginal families in the NSW child protection sector' and the possible involvement of Community Services.

I have considered the project and believe that it is appropriate for Community Services to assist in the study.

Cathy Stirling, Research Officer at the Research Centre, will be in contact with you to discuss Community Services collaboration with you and the processes involved for recruiting caseworkers and casework Managers for your study.

We look forward to working with you on this research project and discussing further with you how this project is likely to improve our engagement with Aboriginal families.

Yours sincerely,



Marilyn Chilvers  
Executive Director  
Organisational Performance

## Appendix H: Barnardos Practitioner Invitation Letter and Consent Form

MACQUARIE  
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**Children and Families Research Centre**  
A Macquarie University Research Centre at the Institute of  
Early Childhood, Faculty of Human Sciences  
MACQUARIE UNIVERSITY NSW 2109 AUSTRALIA  
**Phone** +61 (0)2 9850 9844  
**Fax** +61 (0)2 9850 9887  
**Email** Jennifer.Bowes@mq.edu.au

26 September 2012

**Research Project: Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector.**

### Welfare Practitioner Invitation and Information Letter

You are invited to participate in research being conducted by Ms Karen Menzies, PhD student at the Children and Families Research Centre, Macquarie University. The research project is titled '*Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector*'.

I am interested in finding out about how welfare practitioners understand Aboriginal peoples' experiences of separation and assimilation and how practitioners engage and work with Aboriginal families/clients in the child protection sector.

If you agree to participate, you will be asked to complete a consent form. The consent you provide will be to attend a free a 1 day training course and an interview 6months after the completion of the training course. You should allow approximately 1 hour for the interview. The interview is to seek your comments, thoughts and understanding about the training course and any links to your work with Aboriginal families/clients.

Participation is entirely voluntary. You are also free to withdraw your participation without penalty at any time. Should you agree to participate, the information you provide will be treated with utmost confidentiality. Your name will be removed from all materials and replaced with a participant number. If you are quoted in any presentation of the research findings you will be assigned a pseudonym, and any identifying information will be changed.

With your permission, interviews will be tape recorded. Recording is for the purposes of analysis by Macquarie University researchers only. Your participant number only will be written on the tape, and the tape will be erased at the completion of the research.

The tapes and all other research data will be kept in a locked filing cabinet at the Children and Families Research Centre, Macquarie University. If you are interested in participating in the research project please save the form, as a word document, on page three, complete your details and email it to [karen.menzies@students.mq.edu.au](mailto:karen.menzies@students.mq.edu.au).

If you have any further questions about the research please do not hesitate to contact me on 4985 4568 or 0418 333 822 (email: [karen.menzies@students.mq.edu.au](mailto:karen.menzies@students.mq.edu.au)), or

Professor Jennifer Bowes (Chief Investigator) on 9850 9844 (email: [jennifer.bowes@aces.mq.edu.au](mailto:jennifer.bowes@aces.mq.edu.au)) or

Dr. Rebekah Grace (Research Supervisor) on 9612 0779 (email: [Rebekah.Grace@sswahs.nsw.gov.au](mailto:Rebekah.Grace@sswahs.nsw.gov.au)).

The ethical aspects of this study have been approved by the Macquarie University Ethics Review Committee (Human Research). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Research Ethics Officer (telephone [02] 9850 7854, fax [02] 9850 8799, email: [ethics@mq.edu.au](mailto:ethics@mq.edu.au)). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Thank you for your interest and support

Karen Menzies PhD student

(BSW) (MSW) (MMed Sc.)

**Research Project: Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector.**

**Welfare Practitioner Consent Form**

I \_\_\_\_\_ (name) of \_\_\_\_\_

\_\_\_\_\_  
(work address)

\_\_\_\_\_  
(work email)

agree to participate in the Research Project being conducted PhD student, Karen Menzies, through the Children and Families Research Centre at Macquarie University.

I understand that I will be asked to complete a pre and post training course questionnaire, attend a free 1 day training course, and participate in a follow up interview 6months post the training course.

I understand that any information I provide will be treated with the utmost confidentiality.  
I know that I am free to withdraw my participation at any time without penalty.

Welfare Practitioner name (please print): \_\_\_\_\_

Welfare Practitioner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix I: The Benevolent Society (TBS) Invitation Letter and Consent Form

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**Children and Families Research Centre**  
A Macquarie University Research Centre at the Institute of  
Early Childhood, Faculty of Human Sciences  
MACQUARIE UNIVERSITY NSW 2109 AUSTRALIA  
**Phone** +61 (0)2 9850 9844  
**Fax** +61 (0)2 9850 9887  
**Email** Jennifer.Bowes@mq.edu.au

1 August 2012

**Research Project: Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector.**

### Welfare Practitioner Invitation and Information Letter

You are invited to participate in research being conducted by Ms Karen Menzies, PhD student at the Children and Families Research Centre, Macquarie University. The research project is titled '*Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector*'.

I am interested in finding out about how welfare practitioners understand Aboriginal peoples' experiences of separation and assimilation and how practitioners engage and work with Aboriginal families/clients in the child protection sector.

If you agree to participate, you will be asked to complete a consent form. The consent you provide will be to attend a free a 1 day training course and an interview 6months after the completion of the training course. You should allow approximately 1 hour for the interview. The interview is to seek your comments, thoughts and understanding about the training course and any links to your work with Aboriginal families/clients.

Participation is entirely voluntary. You are also free to withdraw your participation without penalty at any time. Should you agree to participate, the information you provide will be treated with utmost confidentiality. Your name will be removed from all materials and replaced with a participant number. If you are quoted in any presentation of the research findings you will be assigned a pseudonym, and any identifying information will be changed.

With your permission, interviews will be tape recorded. Recording is for the purposes of analysis by Macquarie University researchers only. Your participant number only will be written on the tape, and the tape will be erased at the completion of the research.

The tapes and all other research data will be kept in a locked filing cabinet at the Children and Families Research Centre, Macquarie University. If you are interested in participating in the research project please save the form, as a word document, on page three, complete your details and email it to [karen.menzies@students.mq.edu.au](mailto:karen.menzies@students.mq.edu.au).





If you have any further questions about the research please do not hesitate to contact me on 4985 4568 or 0418 333 822 (email: [karen.menzies@students.mq.edu.au](mailto:karen.menzies@students.mq.edu.au)), or

Professor Jennifer Bowes (Chief Investigator) on 9850 9844 (email: [jennifer.bowes@aces.mq.edu.au](mailto:jennifer.bowes@aces.mq.edu.au)) or

Dr. Rebekah Grace (Research Supervisor) on 9612 0779 (email: [Rebekah.Grace@sswahs.nsw.gov.au](mailto:Rebekah.Grace@sswahs.nsw.gov.au)).

The ethical aspects of this study have been approved by the Macquarie University Ethics Review Committee (Human Research). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Research Ethics Officer (telephone [02] 9850 7854, fax [02] 9850 8799, email: [ethics@mq.edu.au](mailto:ethics@mq.edu.au)). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Thank you for your interest and support

Karen Menzies PhD student

(BSW) (MSW) (MMed Sc.)



**Research Project: Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector.**

## Welfare Practitioner Consent Form

I \_\_\_\_\_ (name) of \_\_\_\_\_

\_\_\_\_\_  
(work address)

\_\_\_\_\_  
(work email)

agree to participate in the Research Project being conducted PhD student, Karen Menzies, through the Children and Families Research Centre at Macquarie University. I understand that I will be asked to complete a pre and post training course questionnaire, attend a free 1 day training course, and participate in a follow up interview 6months post the training course.

I understand that any information I provide will be treated with the utmost confidentiality. I know that I am free to withdraw my participation at any time without penalty.

Welfare Practitioner name (please print): \_\_\_\_\_

Welfare Practitioner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix J: Welfare Practitioner Consent Form

**Research Project: Understanding the framework of welfare practitioners working with Aboriginal families in the NSW child protection sector.**

### Welfare Practitioner Consent Form

I \_\_\_\_\_ (name) of \_\_\_\_\_

---

(work address)

---

(work email)

agree to participate in the Research Project being conducted PhD student, Karen Menzies, through the Children and Families Research Centre at Macquarie University.

I understand that I will be asked to complete a pre and post training course questionnaire, attend a free 1 day training course, and participate in a follow up interview 6months post the training course.

I understand that any information I provide will be treated with the utmost confidentiality.

I know that I am free to withdraw my participation at any time without penalty.

Welfare Practitioner name (please print): \_\_\_\_\_

Welfare Practitioner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_